

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, August 23, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Mary B. Richardson-Lowry (Substitute Member); and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair M. Hill Hammock (ex-officio) and Director Mike Koetting

Patrick T. Driscoll, Jr., Karen E. Kim, MD and Patricia Merryweather (Non-Director Members)

Absent: Director Heather M. Prendergast, MD, MS, MPH (1)

Additional attendees and/or presenters were:

Jorelle Alexander, DMD, MPH, Chair of the
Department of Oral Health
Richard Keen, MD, Chair of the Department of
Medicine
Jeff McCutchan –General Counsel
Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive
Officer
Blessy Varghese, MSN, RN – Surgical Quality
Manager
Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Ronald Wyatt, Chief Quality Officer, commented that staff at Provident Hospital continue to be in a state of readiness for the upcoming survey by The Joint Commission.

B. Metrics (Attachment #1)

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information.

III. Report from Chief Quality Officer (continued)

C. American College of Surgeons' National Surgical Quality Improvement Program (ACS NSQIP) Year 5 Update (Attachment #2)

Blessy Varghese, MSN, RN, Surgical Quality Manager, and Richard Keen, MD, Chair of the Department of Medicine, provided an overview of the ACS NSQIP Year 5 Update. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- NSQIP Background
- Cook County Health and ACS NSQIP Overview
- Institutional Projects and Return on Investment
- Cost of NSQIP Participation
- Appendix

D. Update on Oral Health (Attachment #3)

Jorelle Alexander, DMD, MPH, Chair of the Department of Oral Health, provided an overview of the Update on the Process of Care Dyad. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Oral Health at Cook County Health
- Current Staff
- Utilization / Scope of Services

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for consideration.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, were not present to provide their reports.

IV. Action Items

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County (continued)

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, July 19, 2019

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of July 19, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**
- D. Quality and Patient Safety Report**

Director Suleiman Gonzalez, seconded by Director Driscoll, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental

V. Closed Meeting Items (continued)

Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Directors Driscoll and Suleiman Gonzalez (3)

Nays: None (0)

Absent: Director Prendergast (1)

THE MOTION CARRIED UNANIMOUSLY and the Committee convened into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Requests/follow-up:

There were no requests for follow-up at the meeting.

Cook County Health and Hospitals System
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ATTACHMENT #1

QPS Quality Dashboard



August 23, 2019



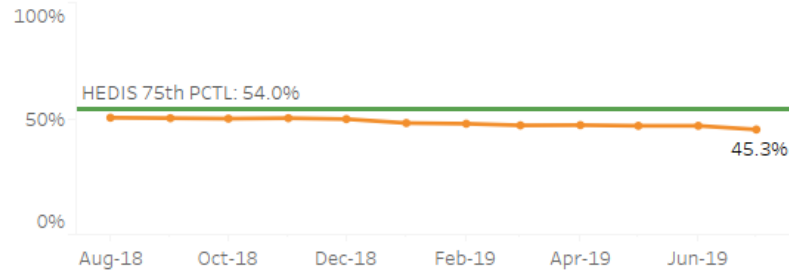


COOK COUNTY HEALTH

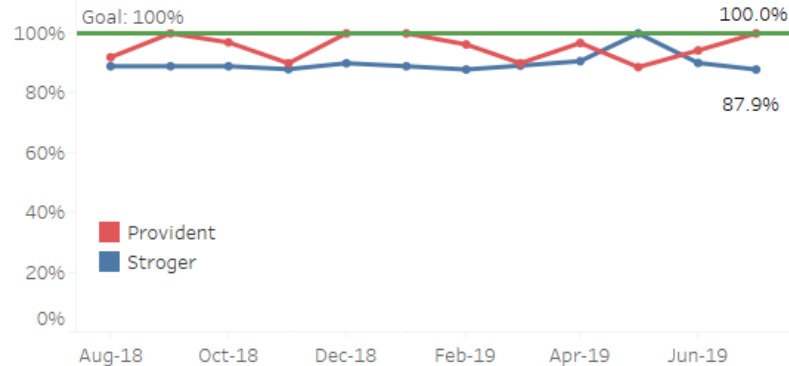
Quality Dashboard
August 23, 2019

Health Outcomes

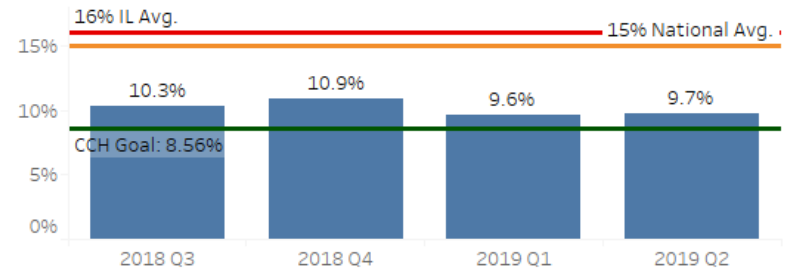
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

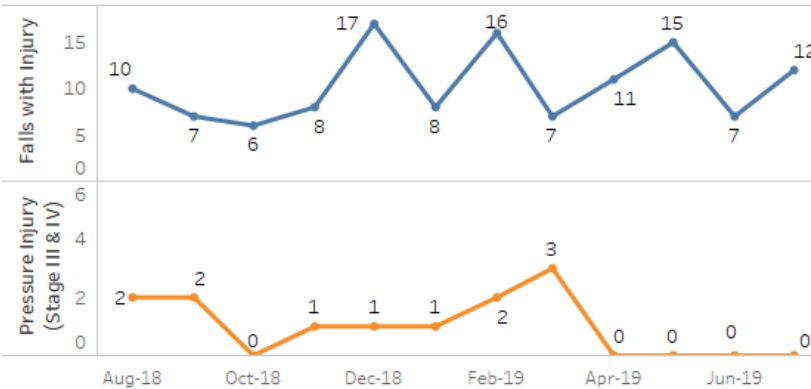


30 Day Readmission Rate

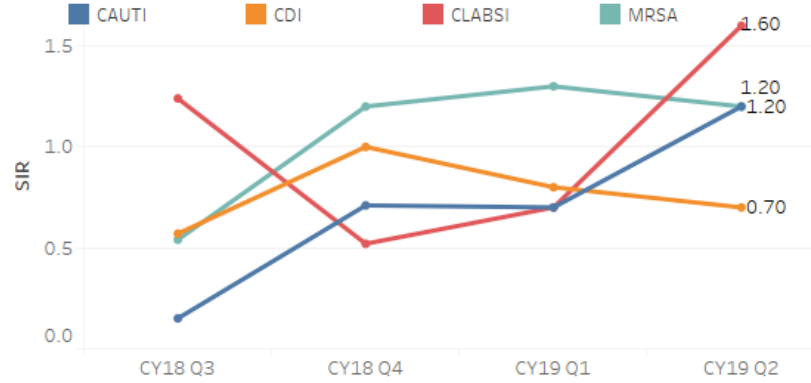


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

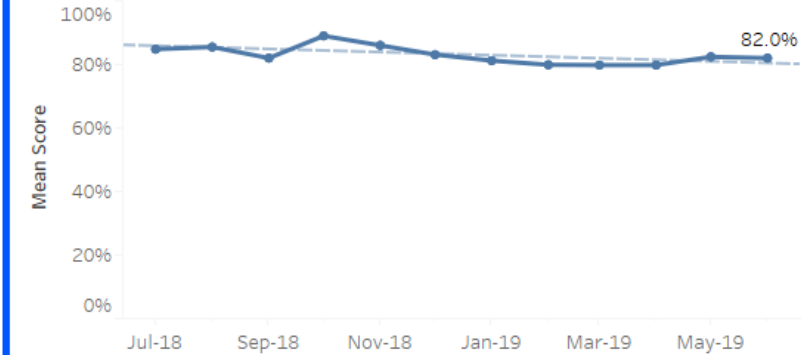


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

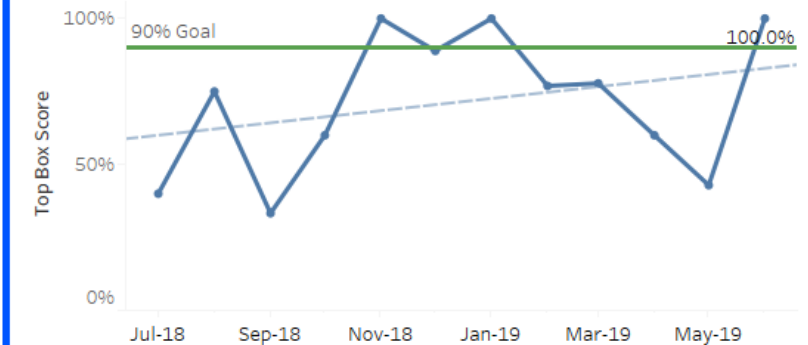
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
CAUTI	0	1	0	0	1	3	1	1	2	1	2	5
CDI	5	4	2	10	4	4	6	2	6	5	4	4
CLABSI	2	3	0	0	0	2	1	0	2	2	2	3
MRSA	0	1	0	0	1	0	1	0	1	0	0	2

Utilization

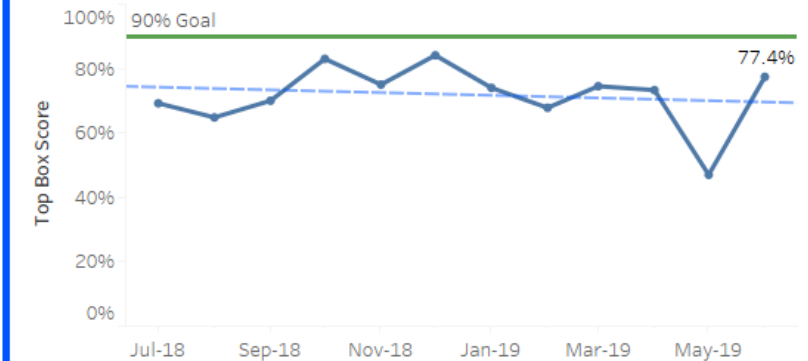
ACHN--Overall Clinic Assessment



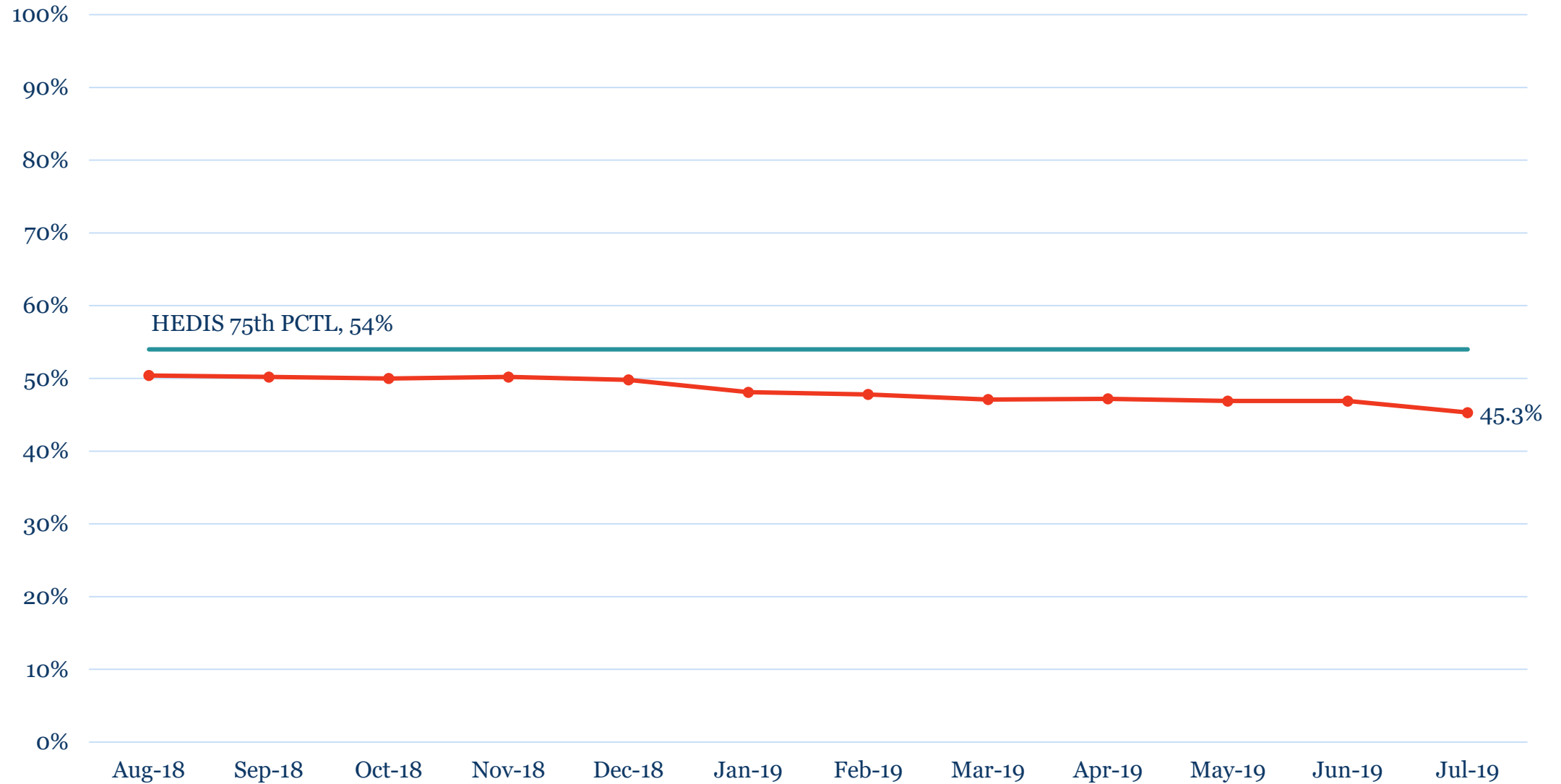
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

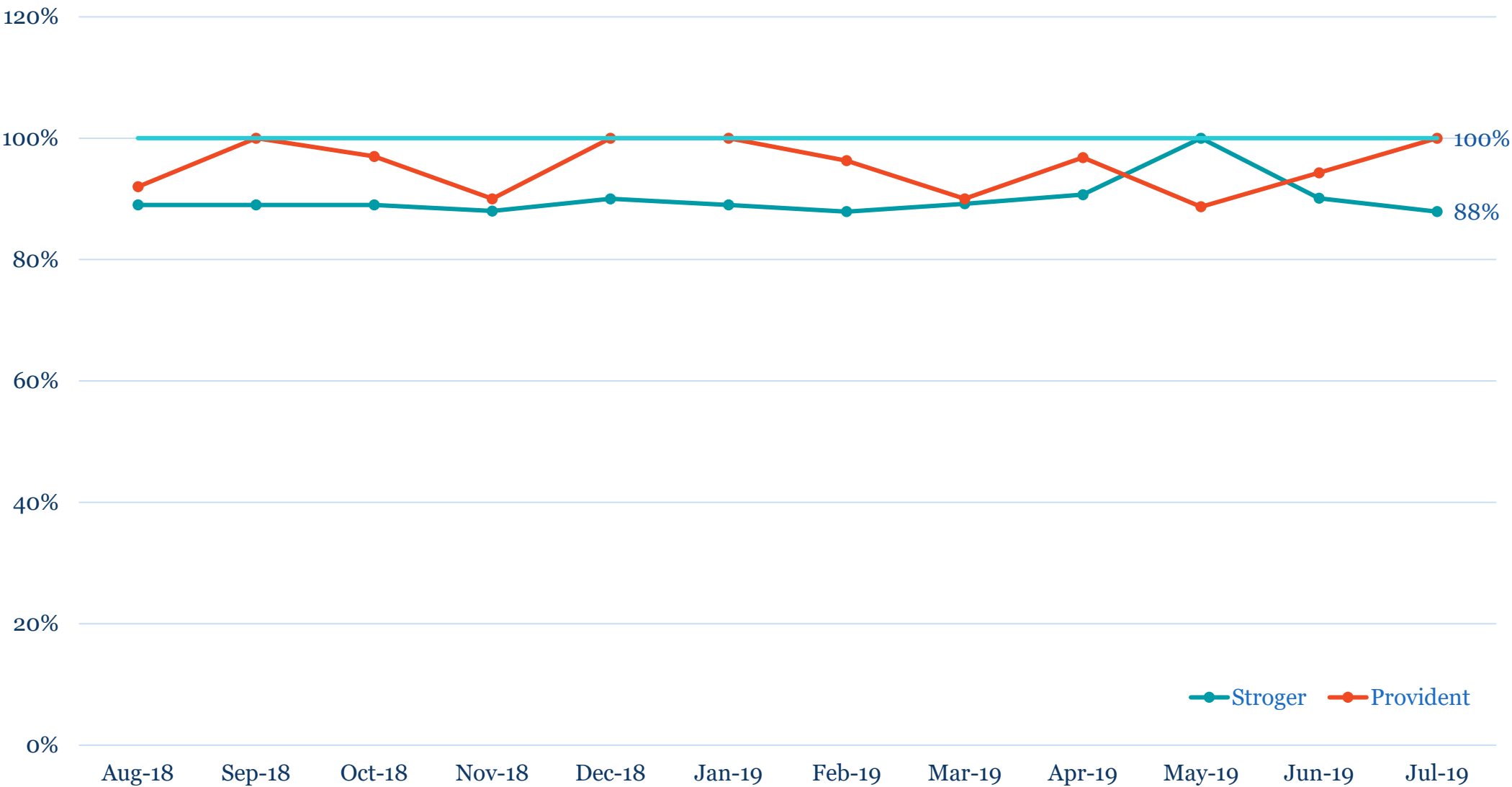


HEDIS – Diabetes Management: HbA1c < 8%



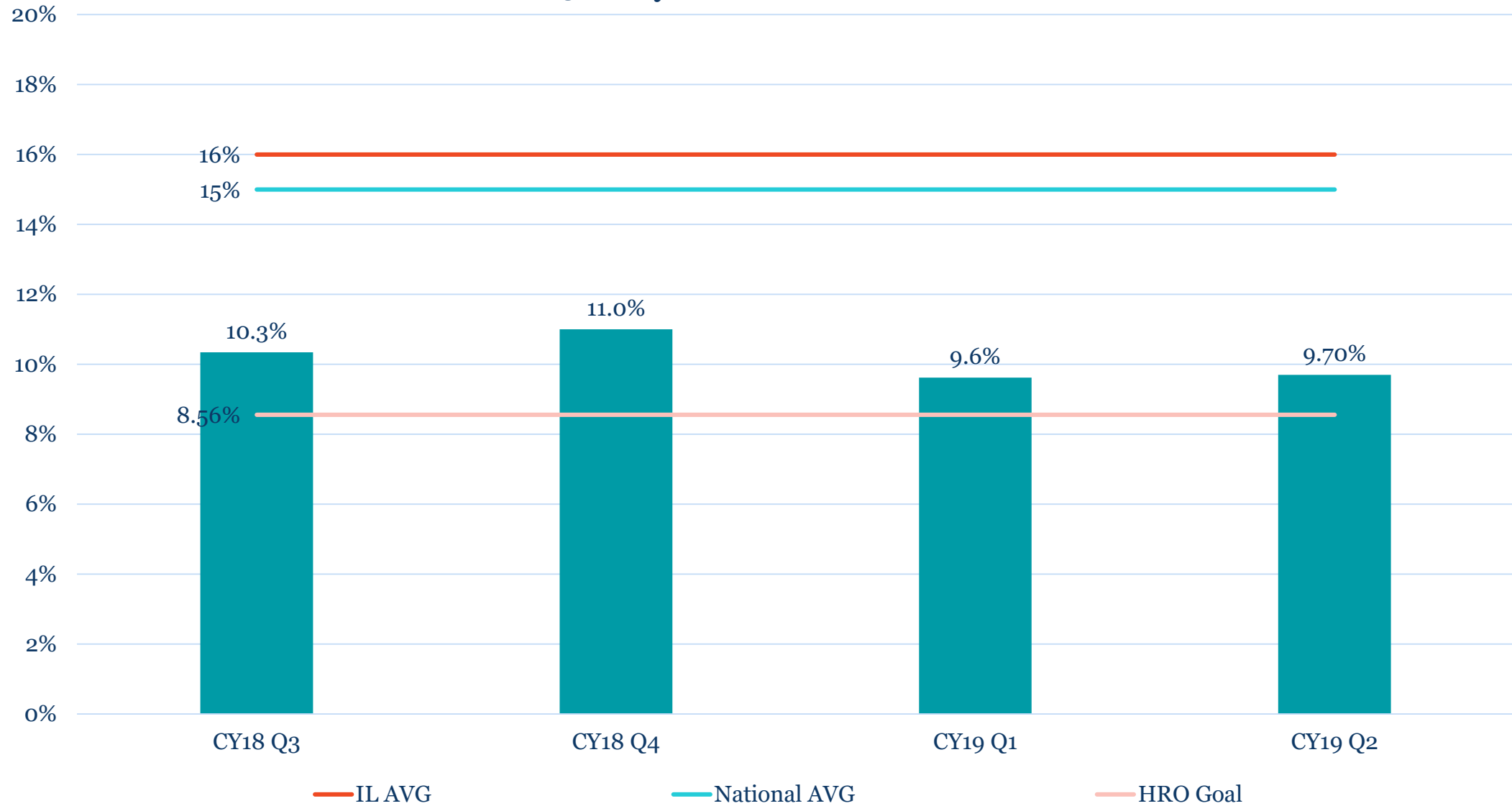
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



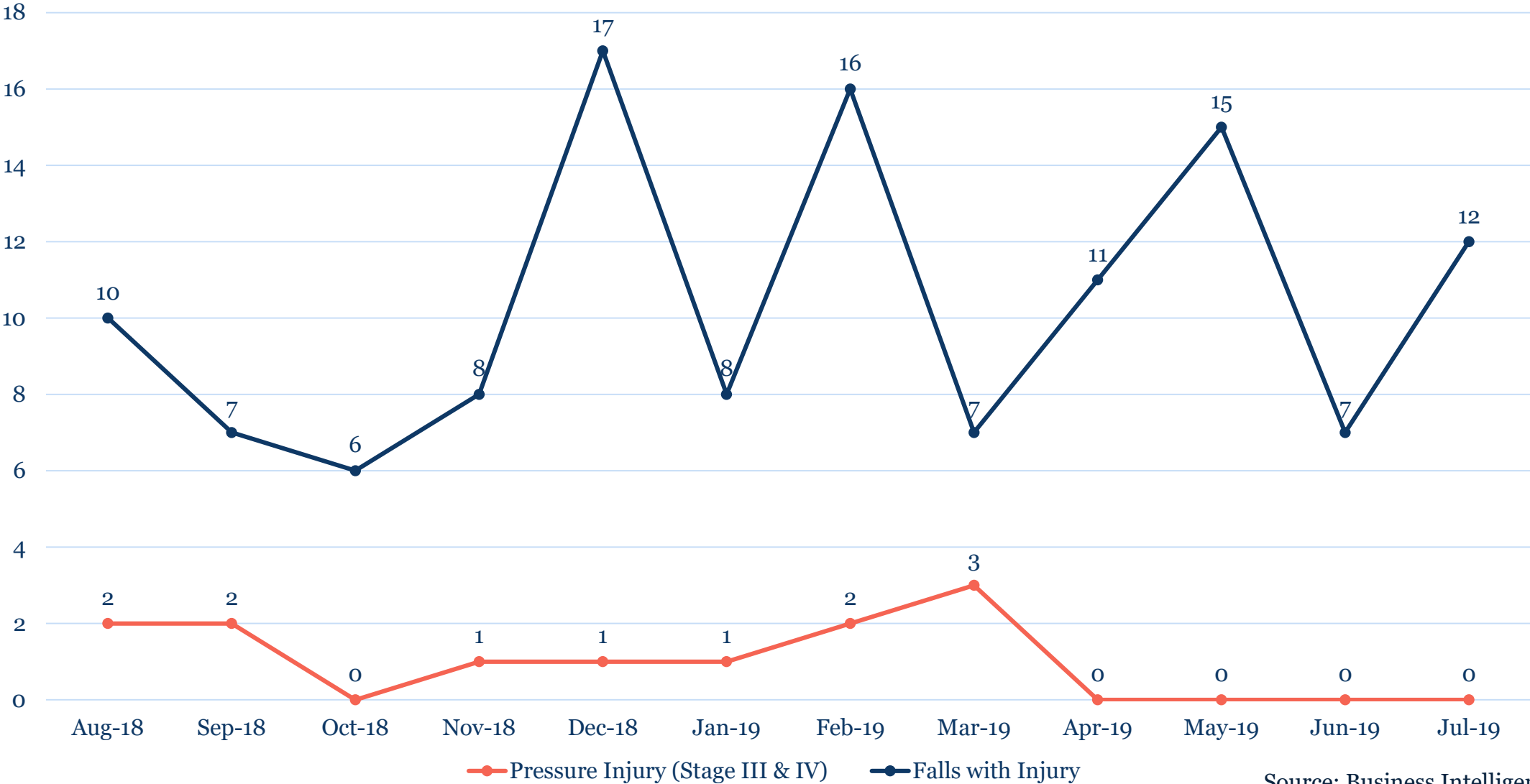
Source: Quality Dept.

30 Day Readmission Rate



Source: Business Intelligence

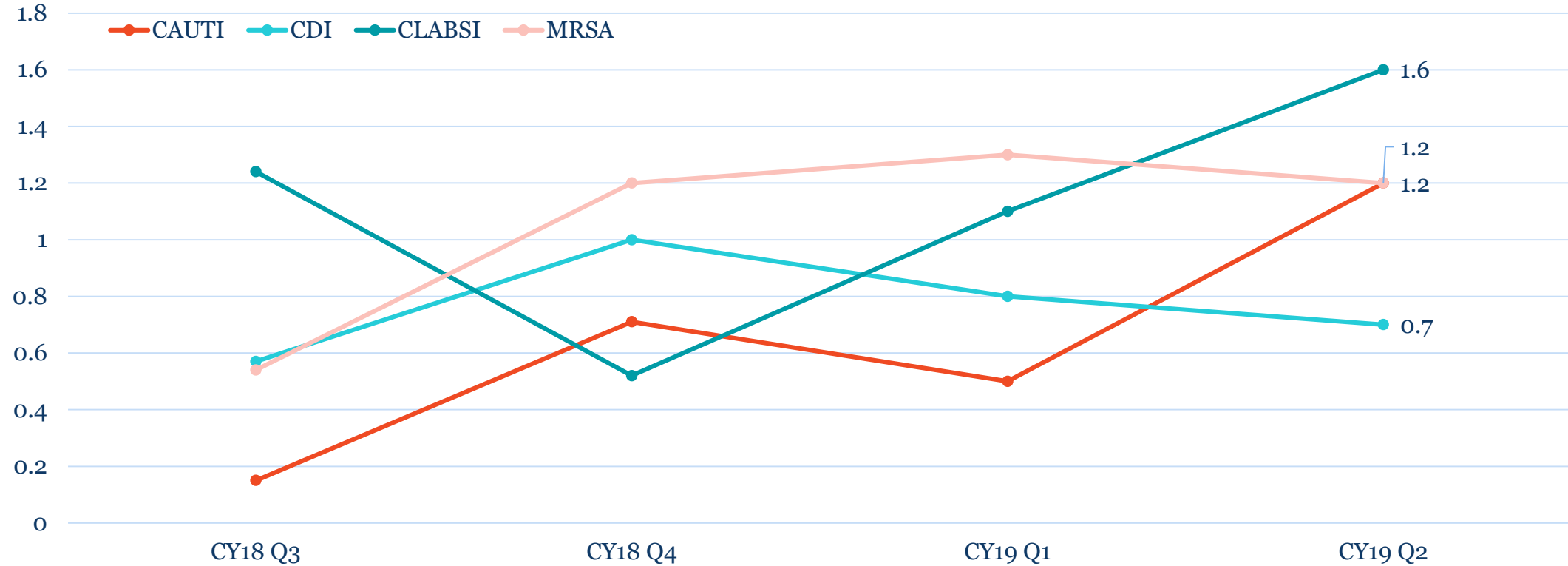
Hospital Acquired Conditions



Source: Business Intelligence



Hospital Acquired Infections



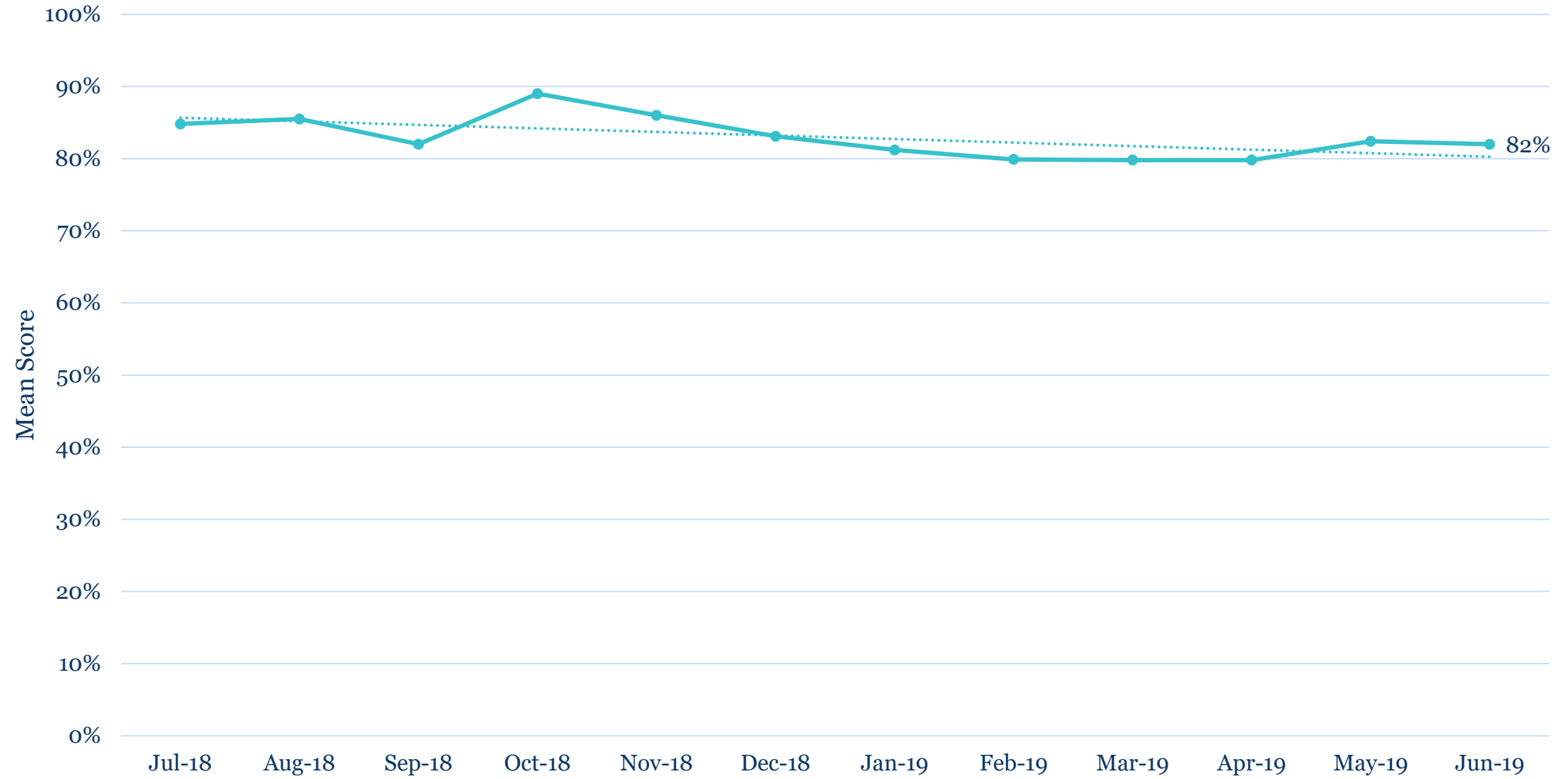
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
CAUTI	0	1	0	0	1	3	1	1	2*	1	2*	5
CDI	5	4	2	10	4	4	6	2	6	5	4	4
CLABSI	2	3	0	0	0	2	1	0	2*	2	2	3
MRSA	0	1	0	0	1	0	1	0	1	0	0	2

*Amended

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

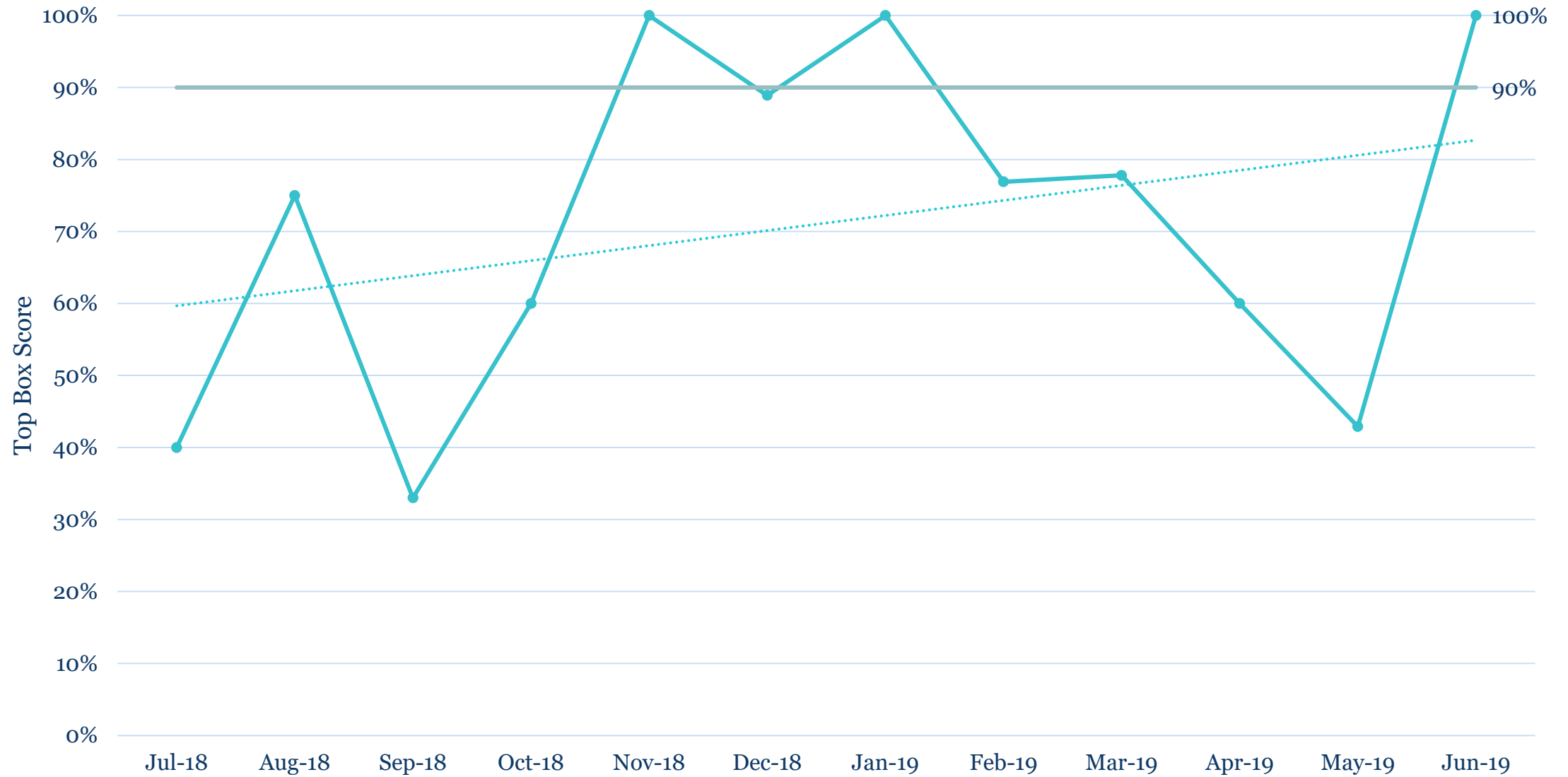
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



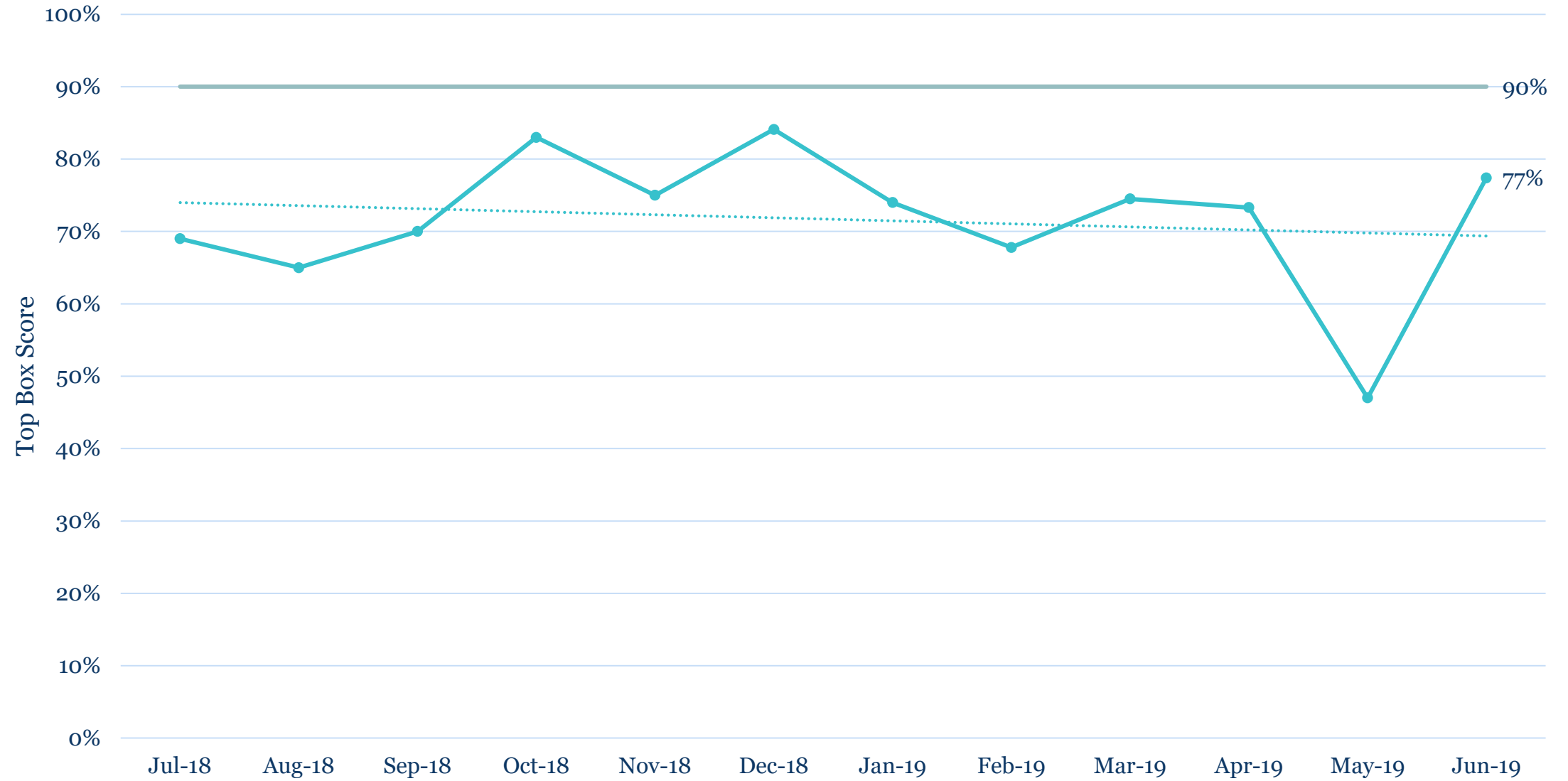
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

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ATTACHMENT #2

American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) Year 5 Update

Mark A. Wille, MD, FACS

August 23, 2019



**COOK COUNTY
HEALTH**

NSQIP Background

- ACS NSQIP is a nationally validated, risk-adjusted, outcomes-based program designed to measure and improve the quality of surgical care
- Built by surgeons for surgeons, ACS NSQIP provides participating hospitals with tools, analyses, and reports to make informed decisions about improving quality of care
- Peer-reviewed studies have demonstrated that ACS NSQIP is effective in improving the quality of surgical care while also reducing complications and costs
- See appendix for further details previously presented to QPS Committee

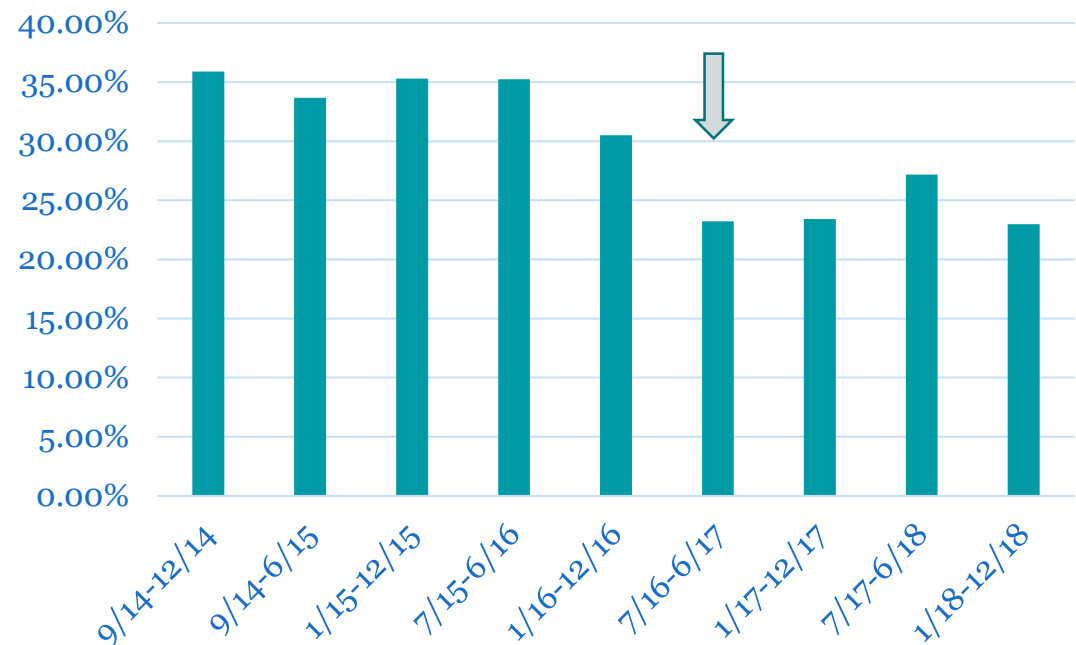
Cook County Health and ACS NSQIP

- John H. Stroger, Jr. Hospital (JSH) of Cook County joined ACS NSQIP in September 2014 as part of partnership with Blue Cross Blue Shield of Illinois and the Illinois Surgical Quality Improvement Collaborative (ISQIC).
- Team at this institution consists of:
 - Surgeon Champion: Mark A Wille, MD, FACS
 - Surgical Clinical Reviewer: Blessy Varghese, MSN, RN
- Per NSQIP protocol, systematic sampling of 30 cases over 8 days
- Receive semiannual report every 6 months from NSQIP
 - Contain 12 months data
 - Benchmarked against other NSQIP hospitals
 - Risk-adjusted

Institutional Projects

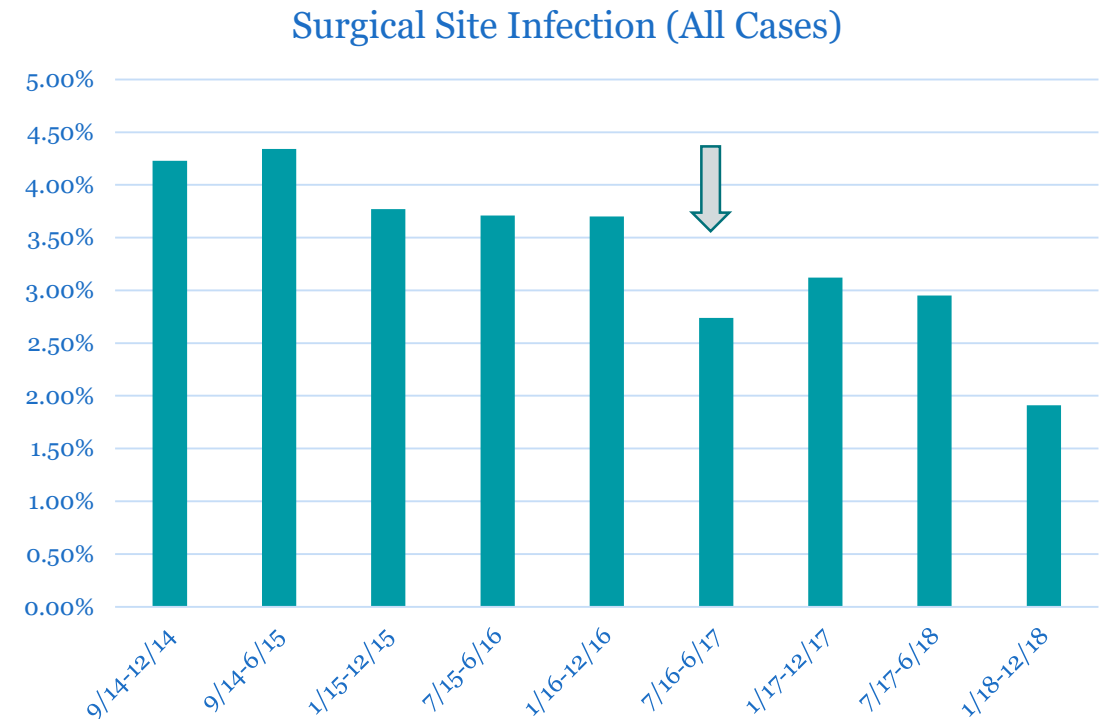
- Prolonged nil-per-os/nasogastric tube use (NPO/NGT) in Colectomy
 - Initial reports revealed occurrence near 35% (near 2x rate of average NSQIP hospital)
 - Assembled team and came up with treatment bundle (see appendix slide 37).
 - Staged implementation began approximately 8/2016
 - 1/2018-12/2018 semiannual report demonstrates rate under 23%

Prolonged NPO/NGT in Colectomy



Institutional Projects

- Surgical Site Infections
 - Initial reports revealed occurrence between 3.5-4.5% (near 1.5x rate of average NSQIP hospital)
 - Assembled team and came up with treatment bundle (see appendix slide 39).
 - Staged implementation began approximately 12/2016
 - 1/2018-12/2018 semiannual report demonstrates rate of 1.91%



Cook County Health and ACS NSQIP

Return on Investment

- ISQIC provides return on investment calculations for certain variables
- April 2019 report analyzed data from 7/2014-6/2015 compared to 1/2017-12/2017
- Time periods are before and after implementation of our institutional projects
- Relative change in rates calculated between two time groups
- Cost per complication calculated (estimated from 4 hospitals in a large metro health system adjusting for patient characteristics, procedure groupings, and site of care)
- Financial savings calculated

Cook County Health and ACS NSQIP

Cost of NSQIP Participation

- Surgical Clinical Reviewer: \$100,000
- ACS NSQIP Annual Fee: \$25,000
- Total Cost of NSQIP Participation: \$125,000

Cook County Health and ACS NSQIP

Return on Investment – Prolonged NPO/NGT after Colectomy

- Baseline rate: 33.66%
- 2017 rate: 23.42%
- Relative change in rates: 30%
- Estimated number of events avoided: 35
- Estimated cost per complication: \$10,205
- Estimated financial savings (annually): \$353,993

Cook County Health and ACS NSQIP

Return on Investment – Surgical Site Infections (Superficial)

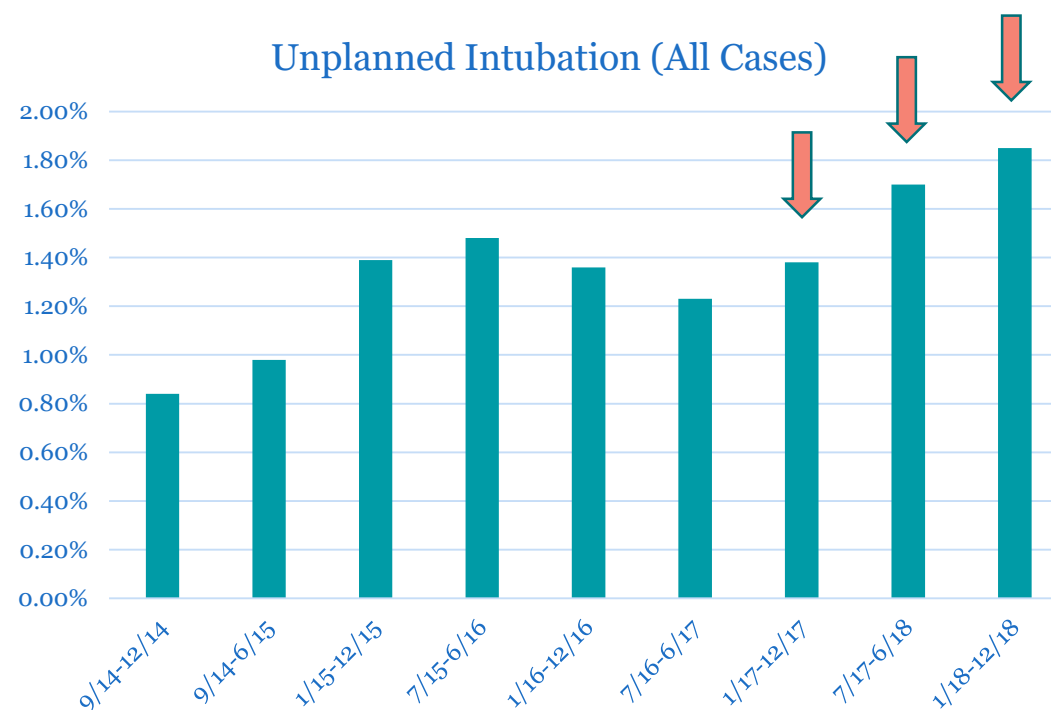
- Baseline rate: 2.84%
- 2017 rate: 1.12%
- Relative change in rates: 61%
- Estimated number of events avoided: 96
- Estimated cost per complication: \$2,473
- Estimated financial savings (annually): \$237,210

Institutional Projects (New)

- Unplanned Intubation
 - Defined as placement of endotracheal tube or similar breathing tube and ventilator support which is not intended or planned
 - Serious adverse respiratory event
 - Increases risk of cardiac and pulmonary complications
 - Associated with higher healthcare costs
 - Associated with higher mortality



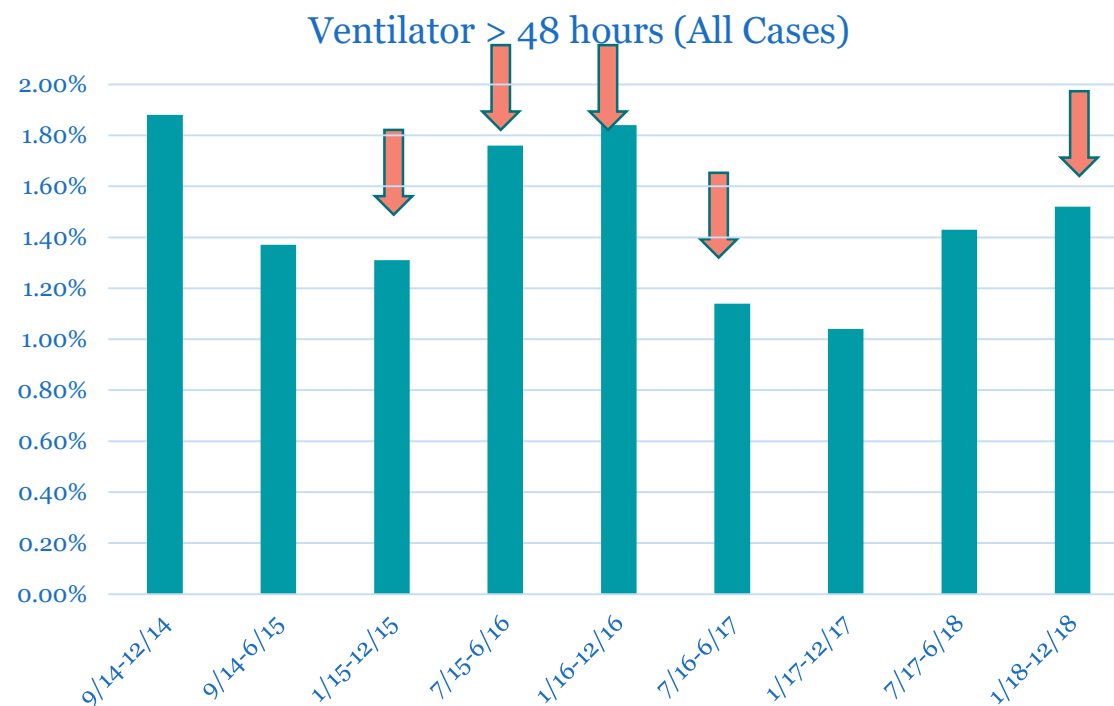
= statistical outlier



Institutional Projects (New)

- Ventilator >48 hours
 - Defined as total cumulative time of ventilator-assisted respirations exceeding 48 hours
 - Similar complications to and costs associated with unplanned intubation

-  = statistical outlier



Cook County Health and ACS NSQIP

Unplanned Intubation / Ventilator > 48 hours

- Many patients who met unplanned intubation occurrence also met ventilator > 48 hours occurrence
- Many are emergency cases, consisting of very ill patients
- Have previously met with Chair of Anesthesia, Chair of Surgical Intensive Care Unit
- Chart reviews performed
- No overarching theme was identified
- Currently planning multidisciplinary workgroup to address this problem

Cook County Health and ACS NSQIP

- Utilize clinically rigorous data abstraction methods
- Have identified several opportunities for improvement
- Ongoing projects, proven results
- Improving patient care
- Decrease institutional health care costs
- Worthwhile return on investment

Appendix



COOK COUNTY
HEALTH

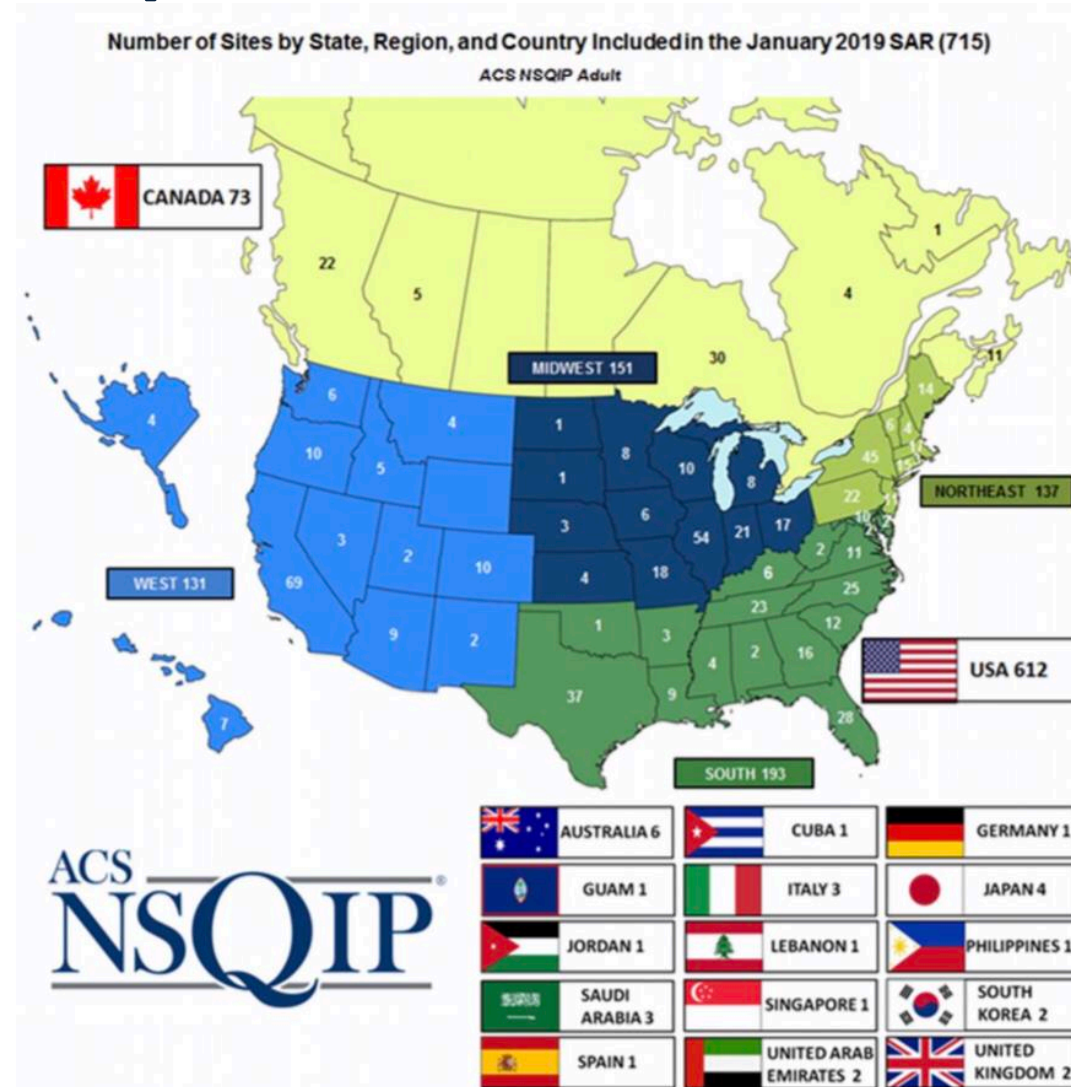
NSQIP History

- Originated in the Veterans Health Administration (1991)
- ACS received funding to implement NSQIP pilot program in private sector hospitals (2001)
- ACS expanded program to additional private sector hospitals (2004)
- ACS launched different NSQIP participation options tailored to hospital needs (2011)
- John H. Stroger, Jr. Hospital of Cook County joined (2014)

NSQIP Benefits

- Satisfies the requirement for surgeons to be compliant with Maintenance of Certification (MOC), Part IV.
- The Joint Commission awards ACS NSQIP hospitals a Merit Badge on their Quality Check public website.
- CMS and ACS NSQIP are partnering to publicly report surgical outcomes on the Hospital Compare website.
- Participation meets new CMS surgical measure for 2014: Participation in a Systematic Clinical Database Registry for General Surgery.

Participating Hospitals



Program Overview

- Includes general, vascular, and subspecialty surgery cases
- Includes target cases
- Program uses clinical data (not administrative data)
- Outcomes assessed at 30 days after index surgery (inpatient or outpatient)
- Highly standardized and validated data definitions
- Data collected by a trained abstractor
- Advanced data analytics and hospital audits ensure data quality
- Provides data-driven tools for clinical decision making

NSQIP Case Selection

Systematic Sampling Process

- Cases are selected based on the NSQIP inclusion/exclusion criteria
 - Inclusion based on CPT® codes of major cases
 - General exclusion criteria
 - Pediatrics
 - Trauma and Transplant
 - ASA class 6
- An 8 day cycle yields on average 250 surgical procedures
 - Once exclusion criteria are applied to about 30% of the cases, there are enough cases remaining to fulfill the 30 cases per cycle NSQIP requirement

NSQIP Data Collection

Data analysis using standard methods

Custom reports from NSQIP

View data over time

Benchmarking (SAR or semi-annual report)

- Contain 1 year of data
- New SAR released every 6 months
- 6 month delay in receiving data (NSQIP takes time to perform statistical analysis and benchmarking)

Real-time Reports

- Not risk adjusted

Semi-annual Report (SAR) Content

Surgical Specialties

General surgery

Vascular

Colon Rectal

Cardiac

Gynecology

Neurosurgery

Orthopedics

Otolaryngology

Plastics

Thoracic

Urologic

Type of Complication

Cardiac

Pneumonia

Respiratory failure

Venous thromboembolism

Renal failure

Urinary tract infection

Surgical site infection

Sepsis

Return to operating room

Readmission

Length of stay

Targeted Cases

Every case of the following is abstracted:

- Colectomy
- ventral hernia repair
- bariatric surgery
- Hysterectomy/myomectomy
- spine surgery
- brain tumor
- transurethral resection of prostate
- bladder suspension
- Prostatectomy
- Nephrectomy
- Cystectomy
- total knee and total hip arthroplasty
- hip fracture
- plastic flap
- breast reconstruction
- lung resection

Data Collection

- Preoperative data
- Demographics
- Clinical laboratory variables
- Surgical profile
- Clinical variables and complications
- Postoperative data
- 30-day outcomes (inpatient and outpatient)
- Custom fields allows sites to track their own variables of interest

Data Available to Hospitals

Workstation Reports

- Permits immediate evaluation on non-risk adjusted data and comparisons to similar types of hospitals
- Hospitals can download case details for selected cases
- Custom reports are available upon request

On-demand Benchmarking

- Risk-adjusted and smoothed rates and comparison to the average ACS NSQIP hospital
- Monitor performance changes over time
- Quality estimates for unique groups of patients

Semiannual Reports (SARs)

- Risk-adjusted and smoothed odds ratios and comparison to the average ACS NSQIP - modeled for a single data year using gold-standard methodology

Participant Use Files (PUFs)

- De-identified Research file contains all cases reported from 2005 to date

Interpretation of Results

“Exemplary” is assigned if the hospital is a low statistical outlier or is in the 1st quartile of adjusted OR percentiles.

“Needs Improvement” is assigned if the hospital is a high statistical outlier or is in the 4th quartile of adjusted OR percentiles.

“As Expected” is assigned if the hospital is neither a statistical outlier nor in the 1st or 4th OR quartile.

Complete explanations of statistical methods and how results should be interpreted are in the SAR and available on the Resource Portal.

Semiannual Reports

Data listed subsequently are for first eight semiannual reports

- Semiannual reports contain one year of data, released every six months (rolling basis) except 1st semiannual report – September 2014 – December 2014 (joined program in September 2014)

Odds Ratio listed

- Red+H indicates high statistical outlier (needs improvement)
- Green+L indicates low statistical outlier (exemplary)
- The Odds Ratio (OR) represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.

Abbreviations Definitions

GV = General and Vascular Surgery Cases

VTE = Venous Thromboembolism

UTI = Urinary Tract Infection

SSI = Surgical Site Infection

ROR = Return to Operating Room

GEN= General Surgery Cases

COLORECT = Colorectal Surgery Cases

VASC = Vascular Surgery Cases

SS = Subspecialty

NSG = Neurosurgery

URO = Urology

THOR = Thoracic Surgery

AAA = Aortic Abdominal Aneurysm

NPO/NGT = Nil-per-os/Nasogastric Tube

VHR = Ventral Hernia Repair

TURP = Transurethral Resection of Prostate

TKA = Total Knee Arthroplasty

THA = Total Hip Arthroplasty

PLAST = Plastic Surgery

ACS NSQIP Semiannual Report Site Summary over Time

All Cases*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
ALLCASES Mortality		1.37	1.48	1.15	0.93	1.32	1.26	0.96	1.04	1.02
ALLCASES Morbidity		1.45 H	1.33 H	1.16	1.29 H	1.50 H	1.11	1.02	1.04	0.91
ALLCASES Cardiac		1.20	1.61	1.71 H	1.56	1.88 H	1.36	0.97	1.31	1.14
ALLCASES Pneumonia		1.36	1.05	0.84	0.90	0.87	0.90	0.98	1.06	1.25
ALLCASES Unplanned Intubation		1.03	1.14	1.54	1.51	1.50	1.52	1.58 H	1.78 H	1.75 H
ALLCASES Ventilator > 48 Hours		1.70	1.61	1.68 H	2.13 H	2.53 H	1.80 H	1.34	1.61	2.06 H
ALLCASES VTE		1.30	1.05	0.93	1.05	1.54	1.53	0.95	0.76	0.90
ALLCASES Renal Failure		1.35	0.99	0.83	1.03	0.91	0.86	0.98	0.95	0.87
ALLCASES UTI		0.86	0.71	0.63	0.95	1.47	1.08	0.75	0.77	0.98
ALLCASES SSI		1.42	1.50 H	1.27	1.32	1.47 H	1.09	1.16	1.10	0.79
ALLCASES Sepsis		0.89	1.01	1.19	1.05	1.11	0.81	0.70	0.81	0.62
ALLCASES C.diff Colitis					1.09	0.84	0.85	1.34	1.39	0.98
ALLCASES ROR		1.27	1.25	1.16	1.11	1.09	1.01	0.99	1.06	1.05
ALLCASES Readmission		1.24	1.22	1.11	1.17	1.06	1.01	1.15	1.07	1.04

General/Vascular*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
GV Mortality		1.05	1.11	1.12	1.05	1.08	1.01	0.87	0.90	0.92
GV Morbidity		1.33	1.24	1.11	1.22	1.29	0.96	0.88	0.93	0.80
GV Cardiac		0.96	1.10	1.29	1.51	1.39	0.87	0.77	1.03	1.03
GV Pneumonia		0.99	0.79	0.89	1.11	1.03	1.13	1.11	1.13	1.28
GV Unplanned Intubation		0.92	1.05	1.64	1.67 H	1.35	1.34	1.43	1.39	1.07
GV Ventilator > 48 Hours		1.15	1.12	1.50	1.83 H	1.51	1.22	1.23	1.18	1.05
GV VTE		1.03	0.90	0.86	0.98	1.34	1.45	1.03	0.87	0.97
GV Renal Failure		1.21	0.98	0.81	1.05	1.08	0.99	0.98	0.92	0.92
GV UTI		0.92	0.78	0.69	0.80	1.04	0.91	0.72	0.77	0.86
GV SSI		1.42	1.47 H	1.26	1.31	1.34	0.94	0.95	1.03	0.79
GV Sepsis		1.12	1.24	1.22	1.08	1.15	0.85	0.75	0.96	0.71
GV C.diff Colitis					1.15	0.80	0.94	1.28	1.39	1.12
GV ROR		1.10	1.15	1.15	1.05	0.91	0.77	0.83	0.91	0.91
GV Readmission		1.10	1.10	1.00	1.02	0.95	0.94	1.03	1.05	1.12

General*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
GEN Mortality		1.12	1.11	1.02	1.06	1.12	1.00	0.86	0.88	0.94
GEN Morbidity		1.43	1.31	1.10	1.15	1.25	1.00	0.91	0.92	0.82
GEN Cardiac		1.00	1.21	1.33	1.47	1.55	0.97	0.84	1.11	1.07
GEN Pneumonia		1.04	0.84	0.96	1.10	0.99	1.23	1.08	1.02	1.29
GEN Unplanned Intubation		0.85	1.03	1.74 H	1.89 H	1.50	1.46	1.32	1.26	1.10
GEN Ventilator > 48 Hours		1.22	1.20	1.53	1.90 H	1.63	1.29	1.10	1.05	1.09
GEN VTE		1.05	0.93	0.89	1.01	1.40	1.56	1.07	0.89	0.99
GEN Renal Failure		1.26	1.03	0.83	1.04	1.08	1.06	1.02	0.96	0.94
GEN UTI		0.92	0.80	0.72	0.85	0.98	0.83	0.74	0.79	0.88
GEN SSI		1.51	1.49 H	1.20	1.22	1.35	1.00	1.02	1.05	0.78
GEN Sepsis		1.17	1.31	1.20	1.05	1.17	0.86	0.80	1.00	0.72
GEN C.diff Colitis					1.22	0.83	0.82	0.99	1.26	1.16
GEN ROR		1.25	1.30	1.17	1.04	0.96	0.81	0.85	0.94	0.95
GEN Readmission		1.12	1.16	1.05	1.04	0.97	0.95	1.06	1.10	1.18





Colorectal*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
COLORECT Mortality		1.05	0.95	0.85	0.88	0.97	0.96	0.88	0.88	0.95
COLORECT Morbidity		1.40	1.39	1.11	1.08	1.22	0.90	0.91	1.00	0.82
COLORECT Length of Stay		2.00 H	2.04 H	1.82 H	2.06 H	2.06 H	1.17	0.73	0.86	0.93
COLORECT Cardiac							1.71	1.15	0.98	0.85
COLORECT Pneumonia		1.02	0.80	0.61	0.83	0.89	0.84	0.81	0.67	0.99
COLORECT Unplanned Intubation		0.88	0.82	1.00	1.10	1.06	0.93	1.09	1.21	1.01
COLORECT Ventilator > 48 Hours		1.20	1.23	1.15	1.19	1.05	0.95	1.03	1.15	0.94
COLORECT VTE		1.01	1.00	1.00	1.04	1.27	1.14	0.91	0.84	0.85
COLORECT Renal Failure		1.28	1.07	0.86	0.87	0.88	0.96	1.02		0.99
COLORECT UTI		0.92	0.89	0.90	0.82	0.96	0.92	0.76	0.96	1.01
COLORECT SSI		1.03	1.04 H	1.35	1.09	1.23	0.96	1.10	1.22	0.82
COLORECT Sepsis		1.02	1.13	1.20	1.12	0.96	0.80	0.90	1.16	0.85
COLORECT C.diff Colitis					1.15	1.00	0.72	0.97	1.35	1.08
COLORECT ROR		1.33	1.42	0.97	0.83	1.07	0.96	0.96	1.04	0.96
COLORECT Readmission		1.07	1.09	1.04	1.02	0.94	0.95	1.05	1.12	1.17

Vascular*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
VASC Mortality		0.98	1.01	1.07	0.97	0.96	0.99	0.97	0.99	0.98
VASC Morbidity		0.93	0.91	1.06	1.21	1.14	0.92	0.88	1.00	0.92
VASC Cardiac		0.95	0.89	1.02	1.14	0.97	0.87	0.88	0.89	0.94
VASC Pneumonia		0.95	0.87	0.87	1.04	1.05	0.89	1.04	1.14	0.94
VASC Unplanned Intubation		1.05	1.02	0.94	0.90	0.90	0.90	1.17	1.13	0.97
VASC Ventilator > 48 Hours		0.97	0.91	1.05	1.08	0.93	0.90	1.23	1.06	0.96
VASC VTE		0.96	0.93	0.95	0.98	0.93	0.91	0.90	0.91	0.97
VASC Renal Failure		0.97		0.96	1.03	1.01	0.97	0.94	0.93	0.96
VASC UTI		0.98	0.96	0.91	0.94	1.06	1.12	0.96	0.96	0.97
VASC SSI		0.91	1.12	1.38	1.26	1.04	0.84	0.83	0.93	1.00
VASC Sepsis		0.93	0.86	1.06	1.05	1.03	1.03	0.89	0.93	0.91
VASC C.diff Colitis					0.87	0.92	1.15	1.95	1.29	0.92
VASC ROR		0.85	0.86	1.01	1.00	0.87	0.80	0.87	0.88	0.90
VASC Readmission		0.99	0.94	0.94	0.98	0.96	0.94	0.95	0.95	0.94

Measure*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
MEASURE DSM		1.27	1.13	1.02	1.06	1.16	1.07	1.03	1.03	0.97
MEASURE Elderly DSM		1.01	0.98	1.04	1.26	1.23	0.86	0.82	0.89	0.98
MEASURE Colon DSM		1.22	1.06	0.84	0.87	0.94	0.76	0.93	1.00	0.78
MEASURE Colon SSI		1.76	1.84 H	1.33	1.21	1.26	0.91	1.27	1.38	0.84
MEASURE Deep/OS SSI		1.00	1.10	1.05	1.08	1.26	1.31	1.42	1.13	0.68
MEASURE UTI		0.95	0.80	0.61	0.99	1.70 H	1.17	0.80	0.92	0.97
MEASURE LEB DSM		0.93	0.89	0.99	0.95	0.98	0.99	0.94	0.95	0.96

Subspecialties*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
SS Cardiac Mortality		1.24	1.12	1.08	0.97	1.08		1.00	1.06	1.13
SS Cardiac Morbidity		1.32	1.33	1.28	1.38	1.79	1.14	1.17	1.55	1.17
SS Cardiac Cardiac						1.32	1.41	1.18	1.14	1.06
SS Cardiac Pneumonia		1.28	1.12	0.61	1.04	0.93	0.66	0.92	0.95	1.15
SS Cardiac Unplanned Intubation						1.08	0.96	1.38		1.16
SS Cardiac Ventilator > 48 Hours						1.81	1.16	1.12	2.50	1.59
SS Cardiac VTE						0.89	0.92	0.96		0.83
SS Cardiac Renal Failure						0.96	0.92	0.79		
SS Cardiac UTI						1.10	0.92	0.92	1.03	1.16
SS Cardiac SSI		0.94	0.95		1.29	1.14	1.05	1.19	1.26	1.11

Subspecialties - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
SS Plastic Morbidity		1.15	1.05	0.92	0.92	0.93	0.95	0.91	0.88	1.21
SS Plastic Pneumonia									0.99	0.99
SS Plastic Unplanned Intubation										1.00
SS Plastic VTE						1.00		1.00	0.99	0.99
SS Plastic UTI						0.99	0.98			0.99
SS Plastic SSI		0.94	0.93	0.95	0.95	0.96	0.96	0.90	0.89	1.26
SS Plastic Sepsis						1.00	1.00	0.99	0.98	0.99
SS Plastic C.diff Colitis							0.99			
SS Plastic ROR		1.10	1.11	0.96	0.97	0.96	0.96	0.94	0.94	0.97
SS Plastic Readmission			1.04	1.08	1.12	0.97	0.97	0.96	0.96	0.97
SS Thoracic Mortality		0.95	1.42	1.13	0.96		1.12			0.99
SS Thoracic Morbidity		1.11	0.99	0.93	0.85	1.14	1.28	1.21	1.14	1.04
SS Thoracic Cardiac						1.09	1.07	1.12	1.18	0.93
SS Thoracic Pneumonia		1.21	1.26	1.02	0.86	1.16	1.11	0.97	1.13	1.02
SS Thoracic Unplanned Intubation		0.96	1.02	1.01	0.95	1.07	1.34	1.09	1.26	1.27
SS Thoracic Ventilator > 48 Hours		0.92	1.13	1.09	0.93	1.88	2.32	1.08	1.24	1.50
SS Thoracic VTE		0.93	0.96	0.97	0.96	1.05			1.10	0.93
SS Thoracic Renal Failure								1.29	1.13	0.96
SS Thoracic UTI						1.12	1.18	0.93		0.98
SS Thoracic SSI						0.90	0.91	1.04	1.02	1.03
SS Thoracic Sepsis						1.28	1.45	0.97	0.95	1.12
SS Thoracic C.diff Colitis						0.99	0.99			0.96
SS Thoracic ROR		0.92	0.88	0.87	0.86	1.05	1.16	1.18	1.58	1.20
SS Thoracic Readmission			1.23	1.01	1.05		1.06	1.10	1.00	0.96
SS Urology Mortality						0.99			1.09	0.99
SS Urology Morbidity		1.17	1.03	0.84	0.98	1.19	1.05	0.91	0.84	0.98
SS Urology Cardiac						0.97	0.96	1.15		0.96
SS Urology Pneumonia		0.98	0.95	0.92	0.87	0.93	0.93	0.95	0.88	0.93
SS Urology Unplanned Intubation						0.99	0.98	1.08	1.25	0.98
SS Urology Ventilator > 48 Hours								0.96	0.94	2.08
SS Urology VTE						1.13	1.03	1.06	1.02	0.96
SS Urology Renal Failure		0.99	0.89	0.83	0.90	0.96	0.97	0.98	0.97	0.99
SS Urology UTI		0.87	0.78	0.91	1.01	0.79	0.87	0.75	0.62	1.14
SS Urology SSI		2.00	1.70	1.04	1.08	1.55	1.63	1.29	1.18	1.01
SS Urology Sepsis						1.02	0.89	0.91	0.87	0.94
SS Urology C.diff Colitis						0.97	0.98	0.98	0.94	0.96
SS Urology ROR		1.07	0.96	0.96	1.01	1.13	1.14	1.05	1.07	1.13
SS Urology Readmission			0.99	0.96	0.95	0.89	1.00	1.03	1.00	1.01

Emergency*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
Emergency TGEN Mortality		1.03	1.01	0.90	0.92	0.98	0.94	0.97	0.91	0.91
Emergency TGEN Morbidity		1.03	1.25	1.23	1.09	1.04	1.08	1.24	1.27	1.00
Emergency TCOLON Morbidity		1.07	1.11	1.03	0.97	0.96	0.89	1.02	1.11	0.97

Length of Stay*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
GEN Pancreatectomy Length of Stay			1.43	2.14	1.82		2.46	2.46		
GEN Distal Pancreatectomy Length of Stay										1.56
GEN Whipple Pancreatectomy Length of Stay									1.78	2.03
GEN Colectomy Length of Stay		2.14 H	2.09 H	1.99 H	2.07 H	2.04 H	1.22	0.74	0.84	0.94
GEN Proctectomy Length of Stay		0.94	0.97		1.34	1.32	0.91	0.96	1.17	1.10
GEN Hepatectomy Length of Stay		0.90	0.89		0.96	0.88				
GEN Esophagectomy Length of Stay				0.75	1.25	1.73		0.79	0.81	
NSG Brain Tumor Length of Stay		1.16	1.32	1.70	1.38	1.37	1.81	1.22	0.94	1.05
URO Nephrectomy Length of Stay		1.04	1.04	1.88	2.18	2.09	1.41	1.00	0.82	0.66



Length of Stay - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
URO Cystectomy Length of Stay							0.87	0.80	0.92	
THOR Lung Resection Length of Stay		0.85	0.50	0.72	0.71	0.71	1.17	1.02	0.60	0.41
VASC AAA Length of Stay			0.97	0.93						
VASC Aortoiliac (open) Length of Stay		1.04	0.96	1.24	2.10	1.38	0.92	0.82		
VASC Lower Extremity (open) Length of Stay		1.49	1.07	1.53	1.81	1.62	2.19	1.40	2.18	1.55

Targeted - General*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T GEN Colectomy Mortality		1.02	0.94	0.89	0.88	0.97	0.97	0.91	0.87	0.95
T GEN Colectomy Morbidity		1.28	1.25	1.03	1.12	1.30	0.96	0.97	1.07	0.87
T GEN Colectomy Cardiac		0.90	1.19	1.33	1.60	1.79	1.18	0.98	1.01	0.86
T GEN Colectomy Pneumonia		1.07	0.82	0.60	0.86	0.93	0.91	0.87	0.72	0.99
T GEN Colectomy Unplanned Intubation		0.92	0.96	1.02	1.16	1.05	0.94	1.13	1.18	1.01
T GEN Colectomy Ventilator > 48 Hours		1.11	1.14	1.14	1.20	1.06	0.99	0.97	1.06	0.91
T GEN Colectomy VTE			0.97	0.97	1.03	1.15	1.04	0.96	0.82	0.85
T GEN Colectomy Renal Failure		1.17	1.14		0.91	0.91	0.97	1.02		0.99
T GEN Colectomy UTI		0.94	0.94	0.95	0.85	0.95	0.92	0.76	0.98	1.01
T GEN Colectomy SSI		1.52	1.62 H	1.18	1.08	1.17	0.97	1.22	1.22	0.89
T GEN Colectomy Sepsis		1.08	0.96	1.04	1.16	1.07	0.85	0.98	1.17	0.89
T GEN Colectomy C.diff Colitis					1.11	1.05	0.79	0.97	1.19	1.05
T GEN Colectomy ROR		1.25	1.39	0.95	0.86	1.10	1.01	1.00	1.08	0.99
T GEN Colectomy Readmission		1.03	1.07	1.03	1.00	0.95	0.97	1.04	1.09	1.14
T GEN Colectomy Anastomotic Leak		1.15	1.15	0.93	0.85	1.11	1.15	1.01	1.10	0.99
T GEN Colectomy Prolonged NPO/NGT Use		1.99 H	1.96 H	2.18 H	2.12 H	2.02 H	1.61 H	1.56 H	1.84 H	1.67
T GEN Proctectomy Morbidity					0.91					
T GEN Proctectomy Cardiac					0.98					
T GEN Proctectomy Pneumonia					0.97					
T GEN Proctectomy Renal Failure					0.99					
T GEN Proctectomy UTI					0.99					
T GEN Proctectomy SSI					0.92					
T GEN Proctectomy Sepsis					0.98					
T GEN Proctectomy C.diff Colitis					0.98					
T GEN Proctectomy ROR					0.98					
T GEN Proctectomy Readmission					1.00					
T GEN VHR Mortality		0.97	0.99	0.95		0.98	0.85			
T GEN VHR Morbidity		0.96	0.97	1.03	1.03	1.03	1.02	1.06	1.01	0.92
T GEN VHR Cardiac		1.18	1.03	0.92				0.90	0.99	0.99
T GEN VHR Pneumonia		1.11	1.08	1.01	1.04	0.84	1.24	1.27	0.92	0.98
T GEN VHR Unplanned Intubation		1.00		1.16	1.02	0.91	0.98	1.00		1.00
T GEN VHR Ventilator > 48 Hours		0.99	0.96	1.26	1.12		0.75	0.80	0.95	0.99
T GEN VHR VTE		0.99	0.93	0.93	1.11	1.02				
T GEN VHR Renal Failure				1.17	1.19	0.95	1.06	1.00		0.99
T GEN VHR UTI		0.99	0.93		1.05	1.09	1.04	1.11	0.95	0.99
T GEN VHR SSI		0.90	0.91	1.11	1.24	1.38	1.18	1.11	1.06	0.93
T GEN VHR Sepsis		0.94	0.90	1.04	1.07	0.90	0.78	0.96	1.18	0.98
T GEN VHR C.diff Colitis					1.32		0.96	0.87	0.96	0.99
T GEN VHR ROR		0.95	0.92	1.11	1.08	0.89	0.70	0.70	0.90	0.98
T GEN VHR Readmission		0.95	1.02	1.12	1.16	1.10	1.10	1.07	0.98	1.01
T GEN Bariatric Morbidity					1.00	0.98	0.98	0.96	0.99	0.96
T GEN Bariatric Pneumonia					1.00	1.00	0.99	0.99	1.00	
T GEN Bariatric Ventilator > 48 Hours					1.00					
T GEN Bariatric VTE					1.00	1.00	0.99	0.99	2.69	2.67
T GEN Bariatric Renal Failure					1.00					
T GEN Bariatric UTI					1.00	1.00	0.99	0.99	1.00	0.99
T GEN Bariatric SSI					1.00	0.99	0.98	0.98	1.00	0.98
T GEN Bariatric Sepsis					1.00	1.00	1.00	0.99	1.00	0.99



Targeted - General - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T GEN Bariatric C.diff Colitis					1.00		1.00			
T GEN Bariatric ROR					1.00	1.00	0.99	0.97	0.99	0.98
T GEN Bariatric Readmission					0.99	0.98	0.97	0.92	2.56	2.35
T GEN Thyroidectomy Morbidity					0.92					
T GEN Thyroidectomy Unplanned Intubation					0.96					
T GEN Thyroidectomy SSI					0.97					
T GEN Thyroidectomy ROR					0.91					
T GEN Thyroidectomy Readmission					0.98					
T GEN Esophagectomy Morbidity					0.87					
T GEN Esophagectomy Pneumonia					0.78					
T GEN Esophagectomy Unplanned Intubation					0.99					
T GEN Esophagectomy VTE					1.00					
T GEN Esophagectomy SSI					0.89					
T GEN Esophagectomy Sepsis					0.93					
T GEN Esophagectomy ROR					1.15					
T GEN Esophagectomy Readmission					0.94					
T GEN Appendectomy Mortality					1.00					
T GEN Appendectomy Morbidity					1.04					
T GEN Appendectomy Cardiac					0.99					
T GEN Appendectomy Pneumonia					0.95					
T GEN Appendectomy VTE					0.98					
T GEN Appendectomy Renal Failure					0.99					
T GEN Appendectomy UTI					0.99					
T GEN Appendectomy SSI					1.16					
T GEN Appendectomy Sepsis					0.96					
T GEN Appendectomy C.diff Colitis					0.98					
T GEN Appendectomy ROR					1.09					
T GEN Appendectomy Readmission					0.91					

Targeted - Gynecology*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T GYN Hyst/Myom Mortality										0.96
T GYN Hyst/Myom Morbidity								1.28	1.00	0.85
T GYN Hyst/Myom Cardiac								0.94	1.11	1.20
T GYN Hyst/Myom Pneumonia								0.99	0.90	
T GYN Hyst/Myom Ventilator > 48 Hours										0.95
T GYN Hyst/Myom VTE								0.96	0.90	0.90
T GYN Hyst/Myom Renal Failure								0.97		0.93
T GYN Hyst/Myom UTI								1.00	0.91	0.80
T GYN Hyst/Myom SSI								1.34	1.02	0.74
T GYN Hyst/Myom Sepsis								0.96	0.92	0.81
T GYN Hyst/Myom C.diff Colitis								0.99	0.97	0.93
T GYN Hyst/Myom ROR								1.23	1.20	0.95
T GYN Hyst/Myom Readmission								1.15	1.09	
T GYN Hyst/Myom Intestinal Obstruction								0.86	0.83	1.84
T GYN Hyst/Myom Anastomotic Leak									2.30	

Targeted - NSG*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T NSG Spine Mortality					0.99	0.99	0.99	0.98	0.99	1.00
T NSG Spine Morbidity					1.16	1.25	1.06	0.83	0.96	1.02
T NSG Spine Cardiac					0.96	0.98	0.97	1.00	0.99	0.97
T NSG Spine Pneumonia					0.92	0.95	0.94	0.94	0.95	0.98
T NSG Spine Unplanned Intubation					0.97	0.97	0.98	0.99	0.98	1.00
T NSG Spine Ventilator > 48 Hours					0.89	0.96	0.97	0.97	0.98	0.99
T NSG Spine VTE					0.91	1.10	1.14	0.92	0.95	0.99



Targeted - NSG - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T NSG Spine Renal Failure					0.97	0.98	1.00		0.99	0.98
T NSG Spine UTI					1.57	1.92	1.18	0.95	1.17	1.19
T NSG Spine SSI					0.88	0.92	0.89	0.84	0.90	0.94
T NSG Spine Sepsis					0.97	0.95	0.95	0.94	0.96	0.98
T NSG Spine C.diff Colitis					0.97	0.98	0.99	0.98	1.00	0.99
T NSG Spine ROR					1.17	1.31	1.34	1.09	0.91	0.93
T NSG Spine Readmission					1.15	1.12	1.08	1.06	1.01	0.93
T NSG Brain Tumor Mortality					0.97			0.99	0.98	0.99
T NSG Brain Tumor Morbidity					1.15	1.06	1.02	1.03	1.11	1.07
T NSG Brain Tumor Cardiac									0.99	
T NSG Brain Tumor Pneumonia							0.99	0.90	1.35	1.34
T NSG Brain Tumor Unplanned Intubation					0.98	1.16	1.14			1.14
T NSG Brain Tumor Ventilator > 48 Hours					1.85	1.23	0.93	0.96	1.06	1.17
T NSG Brain Tumor VTE						1.05	1.15	0.96	0.98	
T NSG Brain Tumor UTI					0.96	0.98	0.99	0.97	0.95	0.98
T NSG Brain Tumor SSI					0.93	0.96	0.93	1.26	1.20	0.99
T NSG Brain Tumor Sepsis					0.94	0.98	0.96	0.95	0.96	0.98
T NSG Brain Tumor ROR					1.07	1.00	0.98	1.02	1.03	
T NSG Brain Tumor Readmission					1.00	1.00	1.00	1.06	1.03	

Targeted - Urology*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T URO TURP Mortality					1.00		1.00			1.00
T URO TURP Morbidity					0.91	0.94	1.06	0.98	0.97	0.97
T URO TURP Cardiac										0.99
T URO TURP Renal Failure					1.00					
T URO TURP UTI					0.94	0.94	1.16	1.14	0.94	0.97
T URO TURP Sepsis					0.98	1.00	0.97			1.00
T URO TURP ROR					0.97	0.98		1.09	0.98	0.99
T URO TURP Readmission					0.97	0.99	1.11	1.04		
T URO Bladder Suspension Morbidity					0.99	0.98	0.99	0.96	0.91	0.89
T URO Bladder Suspension UTI						0.98	1.00	0.96	0.95	0.91
T URO Bladder Suspension ROR						1.00	1.00			0.99
T URO Bladder Suspension Readmission									0.96	0.98
T URO Prostatectomy Morbidity					0.93	1.41	1.42	0.91	0.85	1.09
T URO Prostatectomy Cardiac							1.00			0.99
T URO Prostatectomy VTE							1.05	1.02	1.12	0.91
T URO Prostatectomy Renal Failure								0.98		0.97
T URO Prostatectomy UTI					0.93	0.91	0.87	0.84	0.79	1.44
T URO Prostatectomy SSI					0.98	2.54	2.24	1.24	1.03	0.84
T URO Prostatectomy Sepsis					1.00		0.97	0.90		0.94
T URO Prostatectomy ROR						1.65	1.13	0.97	0.84	
T URO Prostatectomy Readmission					0.99	1.12	1.08	0.99	1.06	1.05
T URO Nephrectomy Mortality					0.99	1.00	0.99	0.99		
T URO Nephrectomy Morbidity					0.88	0.93	0.92		0.98	0.96
T URO Nephrectomy Cardiac					0.95	0.99	0.98	0.99		
T URO Nephrectomy Pneumonia					0.91	0.98	0.96	0.97	0.96	0.99
T URO Nephrectomy Unplanned Intubation					0.96	0.98		0.99	0.99	
T URO Nephrectomy Ventilator > 48 Hours					0.87			1.00	0.99	0.99
T URO Nephrectomy VTE					0.99	0.98		0.98		
T URO Nephrectomy Renal Failure					0.96	0.96		0.99	1.00	
T URO Nephrectomy UTI					0.96	0.96	0.99		0.97	0.95
T URO Nephrectomy SSI					0.98	0.97	0.94		0.99	
T URO Nephrectomy Sepsis					0.94	0.98		0.98	0.96	
T URO Nephrectomy C.diff Colitis					0.99	0.99				0.99
T URO Nephrectomy ROR					1.17	0.98	0.97	0.99	0.96	0.95



Targeted - Urology - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T URO Nephrectomy Readmission					0.92	0.99	0.98	0.98	0.98	0.96
T URO Cystectomy Mortality									1.00	
T URO Cystectomy Morbidity							0.98	0.99	0.99	
T URO Cystectomy Cardiac								0.99	1.00	
T URO Cystectomy Pneumonia							1.00		1.00	
T URO Cystectomy Unplanned Intubation									1.00	
T URO Cystectomy Ventilator > 48 Hours								0.99		
T URO Cystectomy VTE							1.00	0.98	1.00	
T URO Cystectomy Renal Failure							1.00	0.98		
T URO Cystectomy UTI							0.99	0.97	0.99	
T URO Cystectomy SSI							0.96	0.96	0.99	
T URO Cystectomy Sepsis							0.98	0.95	0.98	
T URO Cystectomy C.diff Colitis							1.00	0.99	0.99	
T URO Cystectomy ROR							0.99	0.98	0.98	
T URO Cystectomy Readmission							0.99	0.98	0.98	

Targeted - Orthopedic*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T ORTHO TKA Mortality					1.00			1.00		1.00
T ORTHO TKA Morbidity			0.99	0.97	0.98	0.98	0.96	0.97	0.99	1.00
T ORTHO TKA Cardiac				1.00	1.00	1.00	1.00	1.00	1.00	1.00
T ORTHO TKA Pneumonia			1.00	0.99	1.00	1.00	0.99		1.00	1.00
T ORTHO TKA Unplanned Intubation					1.00		1.00	1.00		
T ORTHO TKA Ventilator > 48 Hours							1.00	0.99	1.00	1.00
T ORTHO TKA VTE			0.99	0.96	0.97	0.98	0.95	0.94	0.99	1.00
T ORTHO TKA Renal Failure					1.00	1.00	0.99	1.00	1.00	1.00
T ORTHO TKA UTI			1.00	0.98	0.99	1.00	0.99	1.00	1.00	1.00
T ORTHO TKA SSI				0.98	0.97	0.98	0.96	0.96	0.99	1.00
T ORTHO TKA Sepsis			1.00		0.99	1.00	1.00	1.00	1.00	1.00
T ORTHO TKA C.diff Colitis										1.00
T ORTHO TKA ROR			1.00	0.97	0.96	0.99	0.98	0.99	0.99	1.00
T ORTHO TKA Readmission			0.99	1.08	1.09	0.99	0.98	0.98	0.99	1.00
T ORTHO THA Mortality						1.00	1.00	1.00		1.00
T ORTHO THA Morbidity					1.13	0.99	0.99	0.98	0.98	0.99
T ORTHO THA Cardiac					0.97	1.00	1.00	1.00	1.00	1.00
T ORTHO THA Pneumonia					0.98	1.00	1.00	0.99		
T ORTHO THA Unplanned Intubation					1.42	1.00	1.00			1.00
T ORTHO THA Ventilator > 48 Hours						1.00	1.00		1.00	
T ORTHO THA VTE					0.99	0.99	0.99	0.99	0.99	1.15
T ORTHO THA Renal Failure					0.97	1.00	1.00	0.99	0.99	1.00
T ORTHO THA UTI					1.35	1.00	1.00	0.99	0.99	0.99
T ORTHO THA SSI					1.23	0.99	0.98	0.96	0.98	0.99
T ORTHO THA Sepsis					1.26	1.00	0.99	0.99	0.99	1.00
T ORTHO THA C.diff Colitis					0.99	1.00				
T ORTHO THA ROR					1.12	1.15	1.15	0.96	0.97	0.99
T ORHFO THA Readmission					1.08	1.06	1.06	0.98	0.99	0.99
T ORTHO Hip Fracture Mortality					1.00			0.99	0.92	1.08
T ORTHO Hip Fracture Morbidity					0.99			1.07	1.02	1.02
T ORTHO Hip Fracture Cardiac					0.99				0.94	0.96
T ORTHO Hip Fracture Pneumonia					1.00			0.99	0.98	0.95
T ORTHO Hip Fracture Unplanned Intubation					0.99			1.00		
T ORTHO Hip Fracture Ventilator > 48 Hours					1.00			1.00	0.99	1.72
T ORTHO Hip Fracture VTE								0.99	0.96	1.39
T ORTHO Hip Fracture Renal Failure					1.00			1.00	0.99	1.00
T ORTHO Hip Fracture UTI					0.99			1.39	1.22	0.96
T ORTHO Hip Fracture SSI					0.99			0.99	0.98	0.95



Targeted - Orthopedic - continued*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T ORTHO Hip Fracture Sepsis					0.99			1.00	0.98	1.00
T ORTHO Hip Fracture C.diff Colitis					1.00			0.99	0.98	0.98
T ORTHO Hip Fracture ROR					0.99				1.00	0.99
T ORTHO Hip Fracture Readmission					0.99			1.03	1.00	1.07
T ORTHO Hip Post-op Pressure Score										0.91
T ORTHO Hip Post-op Delirium								1.27	0.90	0.79

Targeted - Plastic*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T PLAST Flap Morbidity					1.13	1.11		0.96	0.88	0.92
T PLAST Flap Pneumonia									0.99	0.98
T PLAST Flap Ventilator > 48 Hours										0.98
T PLAST Flap VTE										0.99
T PLAST Flap SSI					0.99	0.98		0.91	0.87	0.97
T PLAST Flap Sepsis					1.00	0.99		0.99	0.98	0.98
T PLAST Flap ROR					0.99	0.97		0.91	0.92	0.89
T PLAST Flap Readmission								0.98	0.95	0.99
T PLAST Breast Reconstruction Morbidity					0.99	0.99	0.99	0.98	0.95	0.97
T PLAST Breast Reconstruction VTE							1.00	1.00		
T PLAST Breast Reconstruction SSI					1.00	1.00	0.99	0.98	0.97	0.97
T PLAST Breast Reconstruction ROR					0.99	0.98	0.99	0.98	0.97	0.99
T PLAST Breast Reconstruction Readmission					0.98	0.99	0.99	0.98	0.97	0.99

Targeted - Thoracic Lung Resection*

	07/13-06/14	01/14-12/14	07/14-06/15	01/15-12/15	07/15-06/16	01/16-12/16	07/16-06/17	01/17-12/17	07/17-06/18	01/18-12/18
T THOR Lung Resection Mortality					0.99	0.98	0.96			
T THOR Lung Resection Morbidity					0.93	0.89	0.94	0.95	1.03	0.97
T THOR Lung Resection Cardiac					0.98	0.98	0.99	1.39	1.24	0.99
T THOR Lung Resection Pneumonia					0.97	0.92	0.97	0.83	1.04	1.08
T THOR Lung Resection Unplanned Intubation					0.97		0.98	0.92	1.10	
T THOR Lung Resection Ventilator > 48 Hours					0.95	0.95	0.98	1.23	1.21	0.91
T THOR Lung Resection VTE									1.10	0.93
T THOR Lung Resection UTI					0.92			0.96		0.99
T THOR Lung Resection SSI					0.97	0.98	0.95	0.90	0.91	0.97
T THOR Lung Resection Sepsis					0.99		0.99	0.96		0.99
T THOR Lung Resection ROR					0.94	0.94	1.09	1.09	1.50	1.13
T THOR Lung Resection Readmission					0.96		1.02	1.00	0.94	0.99



Prolonged NPO/NGT in Colectomy

- Prolonged NPO/NGT use is one of many potential occurrences in patients undergoing colectomy
- Occurrence indicates that bowel function has not returned after operation
- Prolonged NPO/NGT use leads to:
 - Increased length of stay
 - Reoperations
 - Decline in functional status
 - Increased discomfort and pain
 - Increased risk of pulmonary complications
 - Increased healthcare costs

Prolonged NPO/NGT in Colectomy Bundle

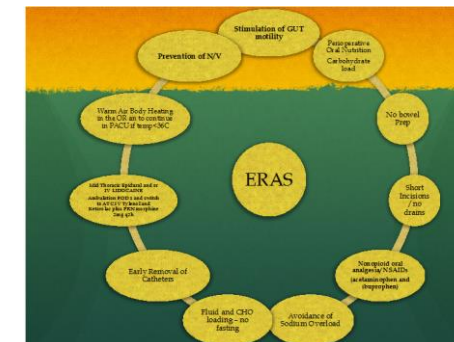
Intervention Bundle

- Preoperative Teaching
- Mechanical Bowel Preparation prior to surgery
- Preoperative oral antibiotic taken
- Clearfast or Carbohydrate drink
- Opioid-sparing medications/Intravenous Tylenol given preoperatively
- Epidural placed
- Opioid-sparing drips intraoperatively
- Goal-directed fluid management intraoperatively
- Limit post-operative fluids (bolus)
- Ambulation within 24 hours
- Feeding within 24 hour

A Guide to Bowel Surgery



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS



Using NSQIP data to improve care: Surgical Site Infections

Second most common type of healthcare-associated infection (HAI) in U.S. Hospitals (290,000 per year)

Estimated cost: \$3.5-10 billion per year

Patient with SSI is:

- 5 times more likely to be admitted after discharge
- 2 times more likely to spend time in intensive care
- 2 times more likely to die after surgery

Kirkland KB, Briggs JP, Trivette SL, et al. The impact of surgical-site infections in the 1990s: attributable mortality, excess length of hospitalization, and extra costs. *Infection Control and Hospital Epidemiology*. 1999;20:725-30.

Surgical Site Infection (SSI) Bundle

Intervention Bundle

- Chlorhexidine Bath Written Instructions
- Chlorhexidine Bath Video
- Laparotomy Discharge Instructions
- Neomycin and metronidazole oral antibiotic preoperatively for colectomy
- Proper re-dosing of antibiotics
- Separate closing tray
- Normothermia at surgery completion
- Gown/Glove/Drape change during wound closure for gastrointestinal surgery
- Glove change during wound closure for gynecologic surgery

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
August 23, 2019

ATTACHMENT #3

Oral Health at CCH

Quality and Patient Safety Committee

August 23, 2019

Jorelle Alexander, DMD, MPH

Chair, Department of Oral Health

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COOK COUNTY
HEALTH

Oral Health at CCH

Locations	Operatories	
Arlington Heights	6	Replaced clinic at Rolling Meadows Courthouse
Blue Island	6	Opening 2019
Central Campus	9	Opened May 2019
Cermak	13 (6 clinics)	
Core	6	HIV/AIDS
Cottage	2	SHARC program
JTDC	1	
North Riverside	6	Opening 2019
Prieto	3	
Robbins	2	



Current Staff

Dentist-16

Dental Hygienist-6

Dental Assistant-29

Clerk-6



COOK COUNTY
HEALTH

Utilization/Scope of Service

ACHN 7,346

Diagnostic, Preventive, Restorative, Endodontics*,

CERMAK 6,905

Periodontic, Removable and Fixed Prosthodontics*,

JTDC 837

and Oral Surgery.

Current calendar year to date visits thru July 30,2019

*These services are not provided within the correctional facilities

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COOK COUNTY
HEALTH

Measure Name	Description	NQF#	Data Source	Measure Domains	Level Of Measurement
Utilization of Services	Percentage of all who received at least one dental service within the reporting year.	2511	Dentrix	Access/Process	Program
Preventive Services	Percentage of all who received at least one preventative service within the reporting year. (i.e. sealants, fluoride, etc.)		Dentrix	Related Health Care Delivery: Use of Service	Program
Treatment Services	Percentage of all who received at least one treatment service within the reporting year.		Dentrix	Related Health Care Delivery: Use of Service	Program



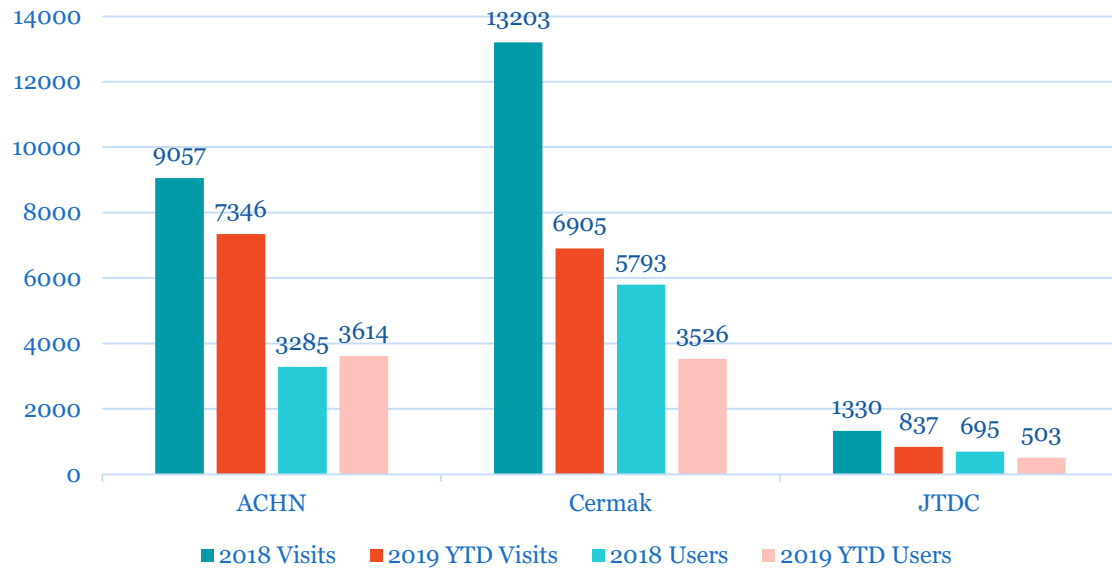
Measure name	Description	NQF	Data Source	Measure Domains	Level of Measurement
Oral Evaluation	Percentage of all who received a comprehensive exam within the reporting year.	2517	Dentrix	Process/Access	Program
Oral Evaluation	Percentage of all who received a comprehensive or a periodic exam within the reporting year.	2517	Dentrix	Process	Program
Care Continuity	Percentage of all who over a consecutive period received a comprehensive or a periodic exam within the reporting year		Dentrix	Process	Program



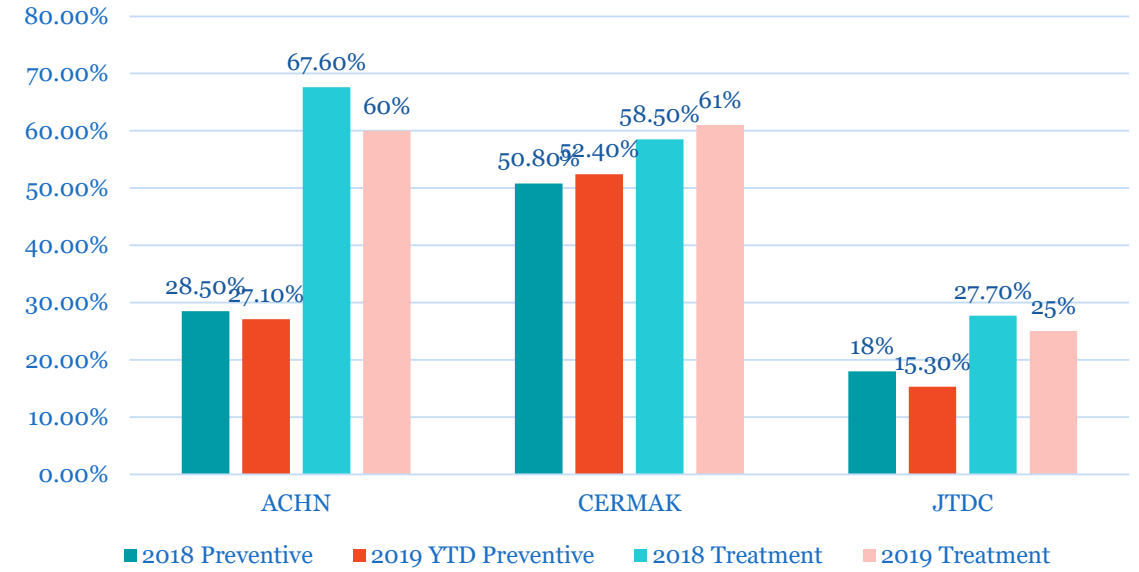
Measure Name	Description	NQF#	Data Source	Measure Domains	Level of Measurement
Ambulatory Care Emergency Visits	Percentage of all who had an emergency visit within the reporting year.	2689	Dentrix	Outcome	Program
Follow Up After Emergency Visits for Dental Related Issue	Percentage of all who had an emergency visit in the ED and followed up in the ambulatory clinic within the reporting year.	2695	Dentrix	Process/Access	Program



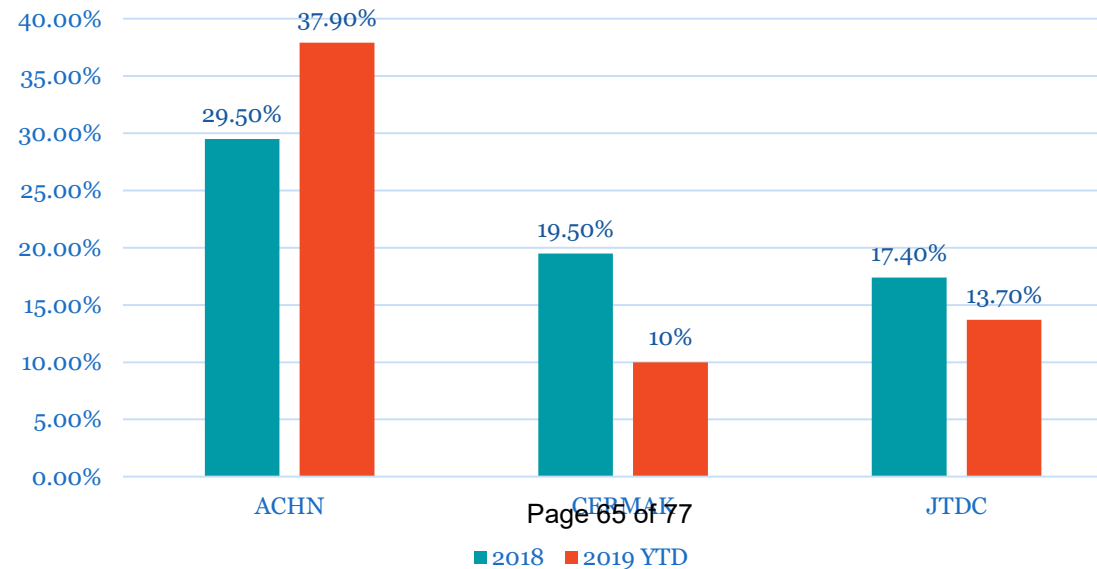
Utilization of Services



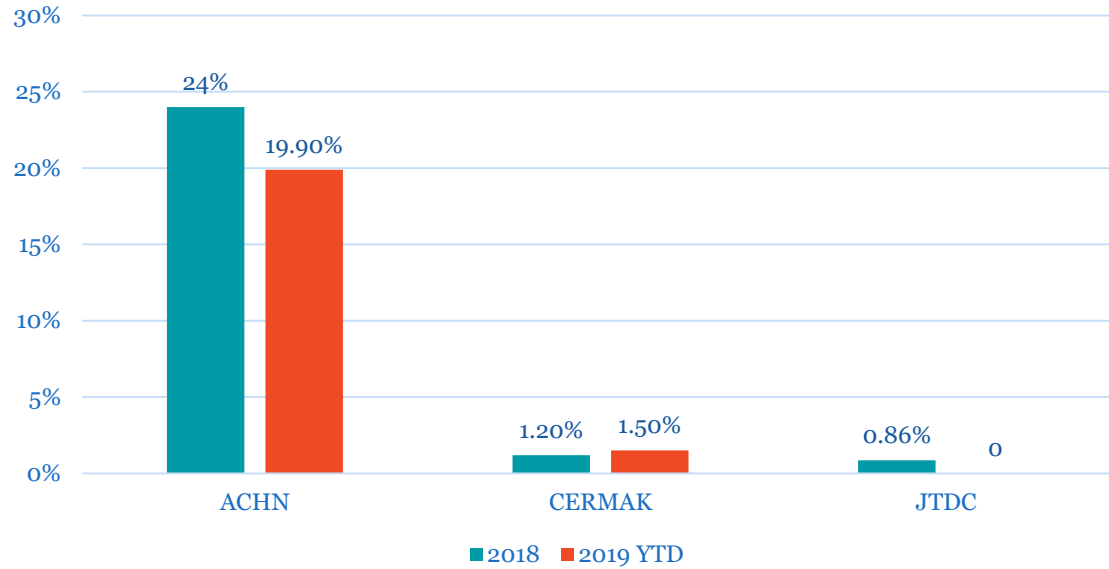
Preventive Services/ Treatment Services



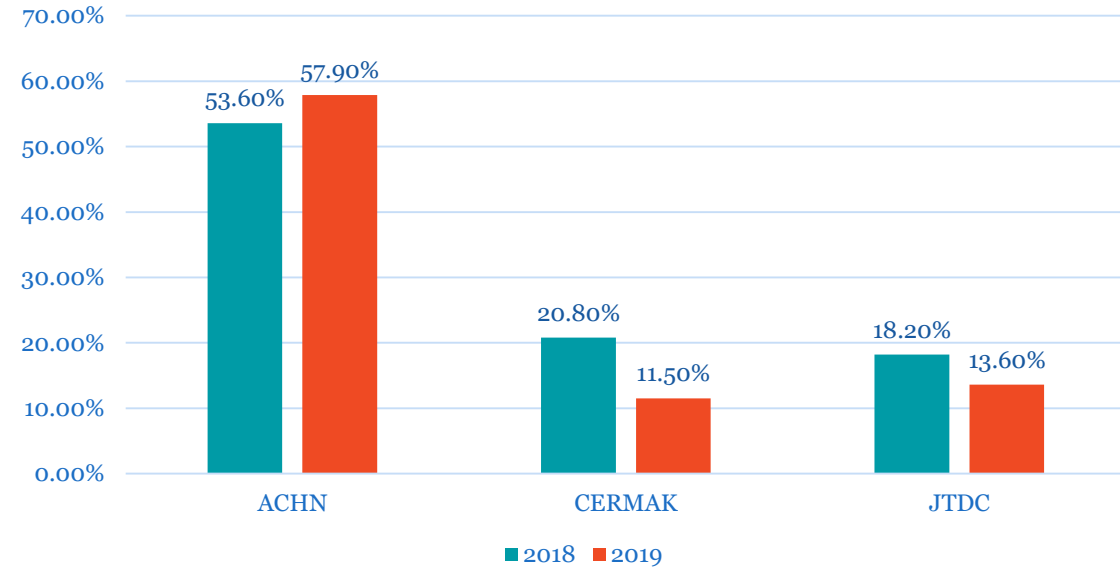
Oral Evaluation- Comprehensive



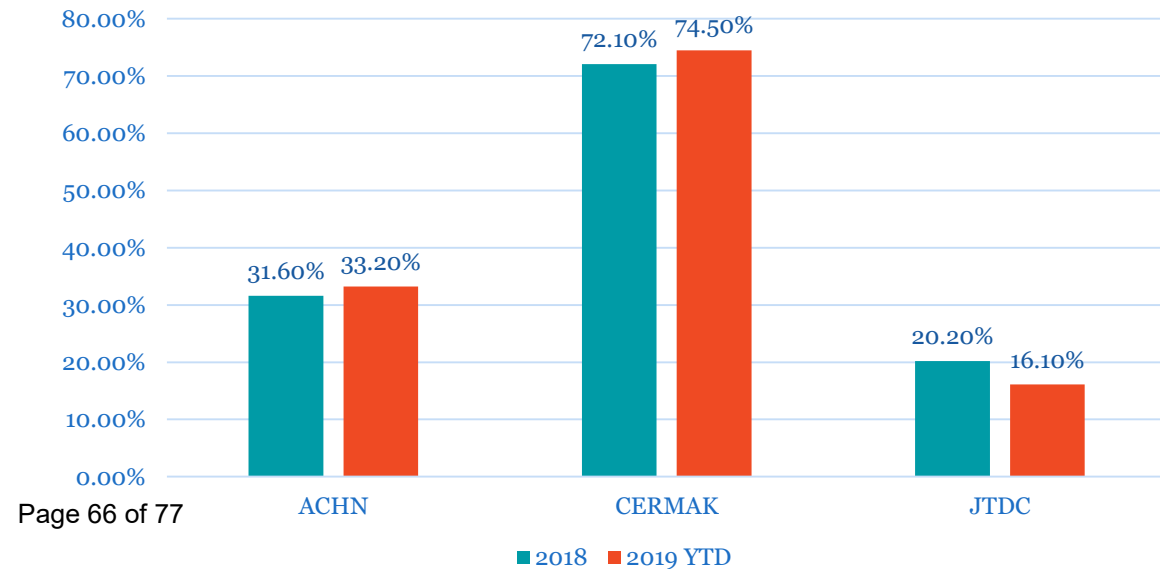
Oral Evaluation- Periodic



Care Continuity



Dental Emergency Visits



Thank you.



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
August 23, 2019

ATTACHMENT #4



COOK COUNTY HEALTH

Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: August 19, 2019

Dear Members of the Quality and Patient Safety Committee of
the CCH Board,

Please be advised that because there is no physical EMS
meeting in the month of August, the Executive Medical Staff
Committee of John H. Stroger Jr., Hospital of Cook County,
electronically approved the attached list of medical staff action
items Thursday, August 15, 2019, for your consideration.

Thank you.

Respectfully Submitted,

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective August 23, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Appointment Applications:

Name	Category	Department / Division	Appointment Term
Crittle, Kristen MD	Active	OB/Gyn	August 23, 2019 through August 22, 2021
Fasanya, Kehinde, DDS	Active	Oral Health	August 23, 2019 through August 22, 2021
Gertsberg, Yakov MD	Active	Correctional Health	August 23, 2019 through August 22, 2021
Kolluri, Harini MD	Active	Pediatrics/Endocrinology	August 23, 2019 through August 22, 2021
Mihailescu, Dan, MD	Active	Medicine/Endocrinology	August 23, 2019 through August 22, 2021
Nash, Colleen MD	Voluntary	Pediatrics/Infectious Diseases	August 23, 2019 through August 22, 2021
Thomas, Shantay MD	Active	Family Medicine	August 23, 2019 through August 22, 2021

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 23, 2019

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Torres, Maria L., MD	Active	Pain Management	November 19, 2019 through November 18, 2021

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Mycyk, Mark MD	Active	Emergency Medicine	October 16, 2019 through October 15, 2021
Weber, Joseph MD	Active	Emergency Medicine	October 20, 2019 through October 19, 2021

Department of Medicine

Name	Category	Division	Reappointment Term
Jain, Neha, MD	Active	Pulmonary	November 10, 2019 through November 9, 2021
Burkova, Marina, DO	Active	General Medicine	August 23, 2019 through August 22, 2021
Hanna, Aseel, MD	Active	General Medicine	October 21, 2019 through October 20, 2021
Haratau, Ioana, MD	Active	General Medicine	October 18, 2019 through October 17, 2021
Hinami, Keiki, MD	Active	General Medicine	October 8, 2019 through October 7, 2021
Margeta, Natasa, MD	Active	Hospital Medicine	November 24, 2019 through November 23, 2021
Ruiz, Juan Pablo, MD	Active	Nephrology	October 20, 2019 through October 19, 2021
Rhee, Yoona, MD	Voluntary	Infectious Disease	October 20, 2019 through October 19, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 23, 2019

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
Sharma, Sameer MD	Active	Ob/Gyn	September 18, 2019 through September 17, 2021

Department of Oral Health:

Name	Category	Division	Reappointment Term
Street, Rhay DDS	Active	Correctional Health	September 15, 2019 through September 14, 2021

Department of Pathology:

Name	Category	Division	Reappointment Term
Ree, Nicholas DO	Active		September 14, 2019 through September 13, 2021

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Adesida, Oluremi MD	Active	Neonatology	September 15, 2019 through September 14, 2021
Agarwal, Ghanshyam MD	Active	Neonatology	October 16, 2019 through October 15, 2021
Altiveros, Andrew MD	Active		September 22, 2019 through September 21, 2021
Cunill, Denise MD	Active		October 18, 2019 through October 17, 2021
Dighe, Dipti MD	Active	Hema/Onc	October 19, 2019 through October 18, 2021
Iqbal, Asneha MD	Active	Hema/Onc	September 22, 2019 through September 21, 2021
Jacobson, Phillip MD	Active	Critical Care	October 21, 2019 through October 20, 2021
Lorand, Michele MD	Voluntary	Child Protective Svc	October 21, 2019 through October 20, 2021
Moy, James MD	Voluntary	Allergy/Immunology	October 21, 2019 through October 20, 2021
Romantseva, Lubov MD	Voluntary	Neurology	October 09, 2019 through October 08, 2021

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ON AUGUST 23, 2019

Department of Psychiatry:

Name	Category	Division	Reappointment Term
Khattak, Samina, MD	Active	Psychiatry	November 11, 2019 through November 10, 2021

Department of Radiology:

Name	Category	Division	Reappointment Term
Gast, Thomas MD	Active	Diagnostic	October 28, 2019 through October 27, 2021

Department of Surgery:

Name	Category	Division	Reappointment Term
Gandhi, Yogesh N., MD	Active	Neurosurgery	December 21, 2019 through December 20, 2021
Patel, Urjeet A., MD	Active	Otolaryngology	December 16, 2019 through December 15, 2021
Shapiro, Michael J., MD	Voluntary	Ophthalmology	November 10, 2019 through November 09, 2021

Department of Trauma:

Name	Category	Division	Reappointment Term
Clar, Steven A., MD	Active	Rehabilitation Medicine	December 11, 2019 through December 10, 2021

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ON AUGUST 23, 2019

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Hankerson, Tanisha PsyD	Clinical Psychologist	Correctional Health/Psychiatry	August 23, 2019 through August 22, 2021
Jones, Brittany M., PA-C	Physician Assistant	Surgery/Neurosurgery	August 23, 2019 through August 22, 2021
Mallejus, Kristina, PA-C	Physician Assistant	Surgery/Cardiothoracic	August 23, 2019 through August 22, 2021
Miles, Alexis PA-C	Physician Assistant	Pediatrics	August 23, 2019 through August 22, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Daniel, Shiny, CNP	Nurse Practitioner	Medicine/Cardiology	August 23, 2019 through August 22, 2020
Feigon, Maia PhD	Clinical Psychologist	Psychiatry	October 20, 2019 through October 19, 2021
Fullilove, Constance PhD	Clinical Psychologist	Psychiatry	October 28, 2019 through October 27, 2020
Kuncheria, Jolly, CNP	Nurse Practitioner	Surgery/Vascular	September 15, 2019 through September 14, 2021
Ortiz- Estes, Ixchell CNP	Nurse Practitioner	Pediatrics/ Adolescent	September 15, 2019 through September 14, 2021
Strozdas, Linda PsyD	Clinical Psychologist	Psychiatry	August 23, 2019 through August 22, 2021

Non-Medical Staff Request for Additional Privileges:

Name	Department/ Division
Heaslip, Patricia, PA-C	Medicine/Infectious Disease
Kuncheria, Jolly, CNP	Medicine/Gastroenterology
Megchelsen, Rebecca PA-C	Pediatrics

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 23, 2019



COOK COUNTY HEALTH

Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

August 9, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on August 9, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Valerie Hansbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 8/9/2019

Medical Staff Appointments/Reappointments Effective August 23, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.
New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Fidai, Shiraz, MD	Affiliate	Pathology	August 23, 2019 thru August 22, 2021
Fullilove, Constance, PhD	Clinical Psychology	Psychiatry	July 19, 2019 thru July 18, 2021
Hussain, Nuzath, MD	Affiliate	OB/GYN	August 23, 2019 thru August 22, 2021
Margeta, Bosko, MD	Affiliate	Internal Medicine/Cardiology	August 23, 2019 thru August 22, 2021
Miller, Joyce, MD	Affiliate	Psychiatry	July 19, 2019 thru July 18, 2021
Wilkins, Nancy, MD	Affiliate	Radiology	August 23, 2019 thru August 22, 2021

New Business

Reappointment Applications Physicians:

Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Ahmad, Wakas, DO	Affiliate	Emergency Medicine	September 22, 2019 thru September 21, 2021
Bhatt, Tapan, DO	Active	Emergency Medicine	October 16, 2019 thru October 15, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 23, 2019

Department of Internal Medicine			
Name	Category	Department/Specialty	Appointment Term
Alyousef, Tareq, MD	Affiliate	Cardiology	October 20, 2019 thru October 19, 2021
Burkova, Marina, DO	Affiliate	Internal Medicine	August 23, 2019 thru August 22, 2021
DeMarais, Patricia, MD	Affiliate	Internal Medicine	August 23, 2019 thru August 22, 2021
Pierre-Louis, Serge J., MD	Affiliate	Internal Medicine	October 20, 2019 thru October 19, 2021
Radigan, Kathryn, MD	Affiliate	PCCM	October 20, 2019 thru October 19, 2021
Pablo Ruiz, Juan, MD	Affiliate	Internal Medicine	October 20, 2019 thru October 19, 2021

Department of Psychiatry:			
Name	Category	Department/Specialty	Appointment Term
Tachauer, Alessandra, MD	Affiliate	Psychiatry	September 15, 2019 thru September 14, 2021

Department of Surgery:			
Name	Category	Department/Specialty	Appointment Term
Shapiro, Michael J., MD	Voluntary	Ophthalmology	November 10, 2019 thru November 9, 2021
Wechsler, Julie S., MD	Affiliate	Surgery	December 8, 2019 thru October 20, 2021

Medical Staff Category and / or Department Addition/Change With No Change In Privileges:

Name	Department/ Division	From	To	Action
Poku, Caroline, MD	Internal Medicine	Active	Voluntary	Approved.

Provisional To Full:

Name	Department/ Division	Discussion	Recommendation
Grennan, Dara, MD	Internal Medicine/Infectious Disease	File reviewed and presented with no issues identified.	Approved.

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON AUGUST 23, 2019